



Waitlist Application

Child Care at its Best Through Primary Caregiving

Today's Date: _____

Child's Name: _____ Birth Date: _____

Nicknames: _____ Home Telephone: _____

Names & Ages of Siblings: _____

Home Address: _____
Street City Zip

Mother / Guardian Name: _____

Email: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Father / Guardian Name: _____

Email: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Who should be contacted when an opening becomes available? _____

What is the preferred method of contact? Home Phone Cell Phone Work Phone Email

Desired Start Date: _____ Preferred Schedule: Full Time MWF TTh

Although the schedule indicated above is preferred, please contact me about any schedule that becomes available.

What attracted you to the Acorn School for Early Childhood Development? (please check all that apply)

Excellent Value for the Price

Parent Recommendations

Food Program

Primary Caregiving Program

Other: _____

How did you become aware of our program/who referred you? _____

PLEASE INCLUDE THE NONREFUNDABLE \$50 FEE WITH THIS FORM.

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