



West Tennessee
HEALTHCARE™

**Therapy & Learning
Center**

K.I.D.S. Childcare Program
(Kiwanis Intervention and Developmental Services)
Childcare Waiting List Form

!!!ATTENTION PARENTS!!!

Completion of this form only puts your child's name on the waiting list. The Waiting List Fee does not guarantee your child a spot in the childcare program. It only puts your child's name on the waiting list.
This fee is non-refundable. No form will be accepted without the \$20 payment.

Today's Date: _____ **Waiting List Fee Paid (\$20.00)**

Please check one: Non-Employee TLC Employee WTH Employee

Child's Name: _____ **DOB:** _____

Parent(s) Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Parent Employment:

Father: _____ **Work Phone:** _____

Mother: _____ **Work Phone:** _____

Does your child have special needs that need to be specifically cared for while they are in our care? yes no

Please share any information that will help us be more informed about your child:

Effective 11/2/2020