ACPC

611 Clark Avenue
Ames, IA 50010
515-233-2901

WAITING LIST FORM

Present Date_____

Child_____
First Name Middle Last

Sex _____ Date of Birth_____

Address _____ Phone_____

Parent(s)/Guardian(s) _____

Mother's workplace/student _____ Phone_____

Father's workplace/student _____ Phone _____

Email for ACPC communications_____

CHILDCARE NEEDS

Full or Part time care for toddler/preschooler _____ _____

Before/After School care _____ School _____

Days/hours of care needed _____

When would you like care to start? _____

Thank you for your interest in ACPC. We will notify you when a space becomes available. At that time you will be asked to send a registration deposit to hold the space. The deposit will be credited to your last month's tuition if given thirty days notice of withdrawal from care. Upon receipt of the deposit, all necessary enrollment forms will be sent. If you have additional questions, please call the ACPC office (233-2901).