



Pathways, Inc.
Erwin Child and Family Center

Wait List Form

Child's Name: _____ Birth Date/Due Date: _____ Gender: _____

Requested Enrollment Date: _____

Age Group: ☐ 6 wk-1 yr. ☐ 1-2 yrs. ☐ 2-3 yrs. ☐ 3-5 yrs.

Days Child Will Attend (circle): Mon Tue Wed Thu Fri

Times: _____ am to _____ pm

Parent/Guardian's Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____

(City) (State) (Zip)

Email: _____

Employer: _____

Work Phone: _____

Address: _____

Work Hours: _____

(City) (State) (Zip)

Parent/Guardian's Name: _____

Relationship to Child: _____

Address: _____

Home Phone: _____

(City) (State) (Zip)

Email: _____

Employer: _____

Work Phone: _____

Address: _____

Work Hours: _____

(City) (State) (Zip)

Family Size _____

Income range based on attached fee scale ____ Level 1-3 ____ Level 4-6 ____ Level 7-9

Parent/Guardian Signature

Date

Center Authorized Signature

Date

Office Use:

\$20 Processing Fee Paid: Check#: _____ Cash: _____ or Waived: _____

Sibling(s): No: _____ Yes: _____ Name(s): _____

List Checked: _____