



Pathways, Inc.  
Erwin Child & 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)

\_\_\_\_\_  
*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: \_\_\_\_\_