



# WAIT LIST FORM

The following form needs to be filled out and returned via email ([info@dlc-como.com](mailto:info@dlc-como.com)) in order to be placed on our waiting list.

## PERSONAL INFORMATION

Parent's Name :

Child's Name :

Child DOB : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Desired Start Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I, \_\_\_\_\_, understand that this is a wait list application and not a guaranteed placement.

Will you be utilizing the MO Childcare Subsidy Program  Yes  No

Are you already approved for the MO Childcare Subsidy Program  Yes  No

## CHILD SPECIFIC INFORMATION

CPS School : \_\_\_\_\_

Transportation Needed : Before School &/OR After School

Fully Potty Trained :  Yes  No

Attended a Childcare Center :  Yes  No  
Previously

Walks Independently :  Yes  No

If yes, which center : \_\_\_\_\_

Health Concerns : \_\_\_\_\_

*Check the following if they apply to your child:*

Holds Pencil  Eats Table Food

## OFFICE USE ONLY

Parent Signature: \_\_\_\_\_

Date Received : \_\_\_\_\_

Classroom : \_\_\_\_\_

### Contact Information :

- 4914 Prairieridge St, Columbia MO 65202
- 573.474.5888 (Office) / 573.474.5009 (Fax)
- [www.dlc-como.com](http://www.dlc-como.com)
- [info@dlc-como.com](mailto:info@dlc-como.com)

*Amanda Tilford*

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Destiny Learning Center, LLC

THANK YOU