



Memphis Jewish Community Center
Early Childhood Center
Infant and Toddler
Wait List Form

Child's Name _____ Boy Girl Unknown

Due Date/Birth Date _____ Current Age _____

Parent(s) Name(s) _____

Parent(s) Birthday(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Primary Email Address _____

Parent/Guardian Work Phone _____ Cell Phone _____

Parent/Guardian Work Phone _____ Cell Phone _____

When would you like your child to start in the program? _____
(We typically enroll new students in August depending upon availability)

What is your preferred schedule? _____
(Please note: Infant Care is full time only)

By signing below I understand the following:

- A \$50 non-refundable, non-transferable fee must accompany this form for current MJCC members or \$75 for non-members.
- Should a space become available I will immunize my child according to the State of Tennessee Immunization schedule. The ECC does not accept alternate shot schedules.

Parent signature _____ Date _____

Office Use Only