

**MEMPHIS JEWISH COMMUNITY CENTER
EARLY CHILDHOOD CENTER
TODDLING TOTS WAIT LIST FORM**

- A \$75 non-refundable, non-transferable fee must accompany this form for current MJCC members. Member Number: _____ **OR**
- A \$150 non-refundable fee must accompany this form for non-members.

Child's Name _____ Boy Girl Unknown

Birth Date _____

Current Age _____

Parent(s) Name(s) _____

Parent(s) Birthday(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Primary Email Address _____

Father's Work Phone _____ Cell Phone _____

Mother's Work Phone _____ Cell Phone _____

When are you interested in your child starting Toddler Care? _____
(Children must be 12 months and walking; we typically enroll new students in August.)

Which days are you interested in? M T W TH F

How many hours a day? Half day Parents' Day Out Full Day
(3 days MAX)

I am a full time working parent _____

I have another child in program _____

Parent signature _____ Date _____

Office Use Only