

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

A \$75.00 fee must accompany this form for current members. Member Number: \_\_\_\_\_  
A \$150.00 fee must accompany this form for non-members.

Child's Name \_\_\_\_\_  Boy  Girl  Unknown

Birth Date \_\_\_\_\_

Current Age \_\_\_\_\_

Parent(s) Name(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 June and 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 \_\_\_\_\_

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**Office Use Only (11020000)**

Receipt Date: