

Leonard Learning Center

Waiting List Application

Today's Date: _____

Desired Enrollment Date: _____

Child's Information:

Name: _____

Date of Birth: _____

Sex: (M/F) _____

Social Security Number: _____

Allergies/ Illnesses/ Special needs: _____

Name: _____

Date of Birth: _____

Sex: (M/F) _____

Social Security Number: _____

Allergies/ Illnesses/Special needs: _____

Name: _____

Date of Birth: _____

Sex: (M/F) _____

Social Security Number: _____

Allergies/ Illnesses/Special needs: _____

Parental or Guardian Information

First Parent

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Second Parent

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Employment _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Payment Information

Please check the method of payment you would be using for child care services.

Private Pay: (Y/N) _____ CCDF Tribal Subsidy: (Y/N) _____

If yes was marked under CCDF Tribal subsidy, which Tribe will be assisting your family?

Miami Tribe Co-Pay _____

Ottawa Tribe Co-Pay _____

Wyandotte Tribe Co-Pay _____

Seneca- Cayuga Co-Pay _____

Eastern Shawnee Co-Pay _____

Quapaw Tribe Co-Pay _____

****All information must be completed in full before Enrollment will be considered.***