

Dear Prospective Family,

We are so glad the values at KidsCentre have aligned with the values of your family and that you would like to join one of our classroom community waitlists. This document will outline the conditions and expectations of the waitlist agreement. Please read through this document thoroughly and **return it to us with your waitlist registration fee of \$150.**

Waitlist conditions & expectations:

- You will be added to the waitlist for your child’s appropriate peer group on the date we receive your waitlist registration fee.
- In order of the date we received your waitlist registration fee you will be contacted when space is available in your child’s appropriate peer group.
- Upon contacting you via email we will wait a maximum of four business days to receive a response before we continue onto the next family waitlisted.
- We will allow **one** opportunity to pass on an available spot at which point you will be added to our hold list. When you are ready to be considered for care again we will return you to our active waitlist, where your name will be organized according to the date we received your waitlist registration fee.
- The waitlist registration fee is **non-refundable** and does not guarantee a space.
- The waitlist registration fee will also not be applied to the first month of tuition, should you enroll at KidsCentre.
- There is a wait list for both our Spring Street and Post Alley locations that each require their own fee of \$150. Please accompany this form with the appropriate fee amount based on your family’s location desire.

Feel free to contact us at any point in this process for updates or questions.

Thank you so much for your interest in KidsCentre. I look forward to working alongside your family to make this transition as smooth and pleasing as possible. Please complete the form below and return it to us signed with your waitlist registration fee attached.

Sincerely,

Kerstin Brinson,  
 Executive Director  
 KidsCentre, Inc.

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 I have read and understand the waitlist agreement.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Location (circle one): Spring Street / Post Alley

Preferred Enrollment Date (M/Y): \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Child’s Birth/Due date: \_\_\_\_\_

**Internal Use Only**

Date Invoice Issued: \_\_\_\_\_  Date Fee Received: \_\_\_\_\_