



Waiting List Application Form

Please complete the following form and submit with the \$100 non-refundable application fee.

Child's Name: _____ Date: _____

Birth Date: _____

Address: _____

City/State: _____ Zip Code: _____

Preferred Enrollment Date: _____

**Please note that care may not be available on your desired enrollment date.*

Previous Care: _____

Scholarship Request: Yes No

Indicate "yes" if you'd like to find out whether you qualify for financial aid.

Custodial Parent Name: _____

Home Phone/Cell Phone: _____ Work Phone: _____

Email: _____

Occupation: _____ Employer: _____

Custodial Parent Name: _____

Home Phone/Cell Phone: _____ Work Phone: _____

Email: _____

Occupation: _____ Employer: _____

Sibling names and birthdates: _____

Additional Information: Is there any additional information about you or your child that you think we should know?

How did you hear about Fruit & Flower? _____

Thank you for your interest in enrolling your child in Fruit & Flower! Tours are held the first and third Wednesday of each month and may be scheduled through the front desk staff.

We'd love to have your family visit! 😊

For more information please email Chrissy Verpoorten at chrissy.verpoorten@fruitandflower.org