



## WAITING LIST INFORMATION

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E mail Address: \_\_\_\_\_

Student: \_\_\_\_\_ Name of School: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date of Care Needed: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Scholarship Requested (Title XX, Hamilton County, 4C's etc)

Yes: \_\_\_ No: \_\_\_

**Please return with 50.00(non refundable) registration fee to:  
The Willow Tree House Daycare & Preschool  
2651 Highland Ave  
Cincinnati, Ohio 45219**

**513-281-8733 Fax: 513-751.8733**