HANNA FENICHEL CENTER

LEARN • DISCOVER • WONDER • EXPLORE • PLAY

Wait List Information

Child's Name _____ **Boy/Girl** **Date of Birth**_____
Month/Day/Year

Program Choice _____ **Proposed Year of Entry** _____

_____	_____
Parent Name	**Parent Name**
_____	_____
Occupation	Occupation
_____	_____
Home Phone	Home Phone
_____	_____
Cell Phone	Cell Phone
_____	_____
Work Phone	Work Phone
_____	_____
Email	Email
_____	_____
Street Address	Street Address
_____	_____
City, State, Zip	City, State, Zip

Names of Siblings (Age) _____

Where do the siblings attend school? _____

How did you hear about the Hanna Fenichel Center? _____

❒ **I have had a tour** ❒ **I have a tour scheduled** **Date of Tour** _____

***Please note: we require a tour before being considered for enrollment, please call 858-755-0860 to schedule**

✎ **Signature of Parent/Guardian** _____ **Date:** _____

A $25 ***non-refundable, administrative fee*** must accompany this form to be included on the wait lists

❒ $25 cash/check attached

Please mail completed form to:

Hanna Fenichel Center for Child Development
336 N. Acacia Ave. Solana Beach, CA 92075

For Office Use ONLY

❒ Sibling Priority
Sibling Currently Enrolled _____
Yrs Sibling attended Hanna _____
Sibling applying for program_____ YR of entry _____

Wait List Fee Rec'd ❒ Ck # _____ ❒ Cash
Site Visit ❒ Yes ❒ No Follow up to schedule site visit? _____

Receipt of Wait List Information Acknowledged by _____ Date _____