

## **Waitlist Form**

LALA accepts waitlist forms for children that are between the ages of 1 through 5. All applications must be submitted to Little Arrows Learning Academy email (LALA@hopchurches.com).

To Be Completed by Parent/Guardian Child's Name: Last Middle Address: City State Zip Birthdate Street Father/Guardian: Middle Cell/Home Telephone Work Telephone Home Address: Street City State Zip Cell/Home Telephone Mother/Guardian: Middle First Home Address: Work Telephone City State Zip Street SIBLINGS WHO MAY ATTEND LITTLE ARROWS LEARNING ACADEMY (Please fill out a separate waitlist for each sibling) Sex Name Birthday Please check all LALA locations you would like to submit your child's name to the waitlist: ☐ LALA Thibodaux (12 months – Prek 4 Classrooms) ☐ LALA Chackbay (3-year-old Classroom) ☐ LALA Raceland (3-year-old Classroom) Please check all enrollment types you are interested in: ☐ Full time (5 days) ☐ Part time MWF (3 days) ☐ Part time T/TH (2 days) Does your child have any food allergies/ Dietary restrictions? No Does your child have any special needs/health concerns? No Yes Does your child have any Behavioral Concerns? No Does your child know how to count from 1 – 10 No Does your child know how to recite the alphabet? No Is your child potty trained? Nο Are you a first responder? Yes Are you a Raceland Lower Elementary/Chackbay Elementary employee? No Yes Do you have relatives currently enrolled in LALA? No Yes \_\_\_\_\_ Has your child attended/currently enrolled in a childcare facility? No Yes \_\_\_ Curriculum (if applicable): \_\_\_\_ \*\*\*If yes, Name: When would you like your child to start attending LALA? Who referred you to LALA? Email Address: Email Address: Date: Parent/Guardian Signature: Parent/Guardian Signature: Date: \_\_\_\_\_ Director Signature: \_\_\_\_ Date: \_\_\_\_