



VALLEY VIEW Learning Center

Waiting List Information Form

Please clearly print the name as it appears on the birth certificate:

Child's Last Name _____

Child's First Name _____

Child's Middle Name Name Suffix (Jr, Sr, II, III) _____

Last 4 Digits of SSN (if provided) Date of Birth (M/D/Y) Gender - ____ _

Date of Birth (M/D/Y) ____/____/____ Gender- M F

Home Address City State Zip:

_____ City _____ St _____ Zip _____

Date Started on Waiting List (M/D/Y): ____/____/____ Phone: () _____

Parent/Guardian Name Phone Number ** Directory information on this form may be shared with Valley View Learning Center Parent/Guardian

Signature Date Sign: _____ Date: _____

5407 Lewis Ave. Toledo Ohio 43612 (419) 469-8910 Infant Information Child's

Name _____ D.O.B. _____ My Child sleeps at _____ to _____ to _____ My Child eats at _____

_____ Please list the food/formula that you will be bringing in and if you prefer formula to be cold, room temp or warm: _____ Please

give any helpful information on how your child sleeps:

_____ Please give any helpful information on how your child eats:

_____ Other important information that we need to know:

_____ Parent's

Signature _____ Date _____ Parent's

Signature _____ Date _____