

Waiting list

First contact / date of visit _____

First name of the child _____

Family Name of the parents _____

Language and Nationality _____

Address _____

Telephone/Mobile _____

Email _____

Date of birth of the child _____

Desired Starting Date _____

Number of days per week _____

Preferred days at KIDSZONE _____

Expected Drop-off & Pick up time _____

How did you learn about us?

- | | | | |
|--------------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Employer | <input type="checkbox"/> other parents | <input type="checkbox"/> Relocation agency | <input type="checkbox"/> Homepage |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Google | <input type="checkbox"/> Day care assignment center | |
| <input type="checkbox"/> other _____ | | | |

Please note that the entry on the waiting list is for both sides not binding, it only helps for organizational reasons.

By filling this form, you agree that KIDSZONE will keep this information to contact you once a vacancy is generated.

Date (Day/Month/Year)

Signature Parents