



# Waiting List

Please fill out all information below and print and fax it back to us at 910-452-3379.

Milestones Learning Center  
4915 Oriole Dr Wilmington, NC 28403  
Phone: 910-452-3202  
Fax: 910-452-3379  
www.milestonesilm.com

Name of child:  Last  First  Middle

Nickname:  Desired Date of Enrollment:

Date of Birth or Expected Due Date:  Sex:

## Information About Family

Father's Name:  Home Phone:  Cell Phone:

Address:  City:  State:  Zip Code:

Father's Employer:  Work Phone:  Email:

Mother's Name:  Home Phone:  Cell Phone:

Address:  City:  State:  Zip Code:

Mother's Employer:  Work Phone:  Email:

## Information About Child

Has child had previous child care experience?  yes  no

Does your child have any known allergies?  yes  no If yes, please specify

Does your child have chronic illness/conditions?  yes  no If yes, please specify

Please give any information concerning your child's general health or personal history that would be helpful in his experience in a group setting: ( example: fears, unique behaviors, characteristics, etc. )

## What days do you need care?

- Full Time
- Mon/Wed/Fri
- Tues/Thurs
- First Available

Date:  Parent's Name: