

Wait Pool Application

St. James Child Development Center

1315 SW Park Avenue
Portland, OR 97201
(503) 227-2439 office
(503) 227-0856 fax
www.stjamescdc.com

Patrick Earnest
Center Director
patricke@stjamespdx.org

Child's Name: _____ Birth Date: _____

Address: _____

City/State/Zip _____

Preferred Enrollment Date _____ Anticipated Schedule _____
(Please indicate number of days per week)

Preferred classroom child to be enrolled in (please check one)

- | | |
|--|---|
| <input type="checkbox"/> Infant | <input type="checkbox"/> Young Preschool |
| <input type="checkbox"/> Mobile | <input type="checkbox"/> Older Preschool |
| <input type="checkbox"/> Toddler One | <input type="checkbox"/> Private Kindergarten |
| <input type="checkbox"/> Toddler Two | |
| <input type="checkbox"/> Toddler Three | |

Has your child been in childcare previously? _____ If yes, where? _____

Parent Name: _____

Home/mobile phone (_____) _____

Work phone (_____) _____

Email address _____

Employer _____ Occupation _____

Parent Name: _____

Home/mobile phone (_____) _____

Work phone (_____) _____

Email address _____

Employer _____ Occupation _____

Sibling Names and Ages _____

Thank you for your interest in St. James Child Development Center.
We look forward to building a long lasting relationship with your family.