



Capitoland Children's Center

3651 Maple Grove Drive

Madison, WI 53719

Call/Text: 608-228-2022

@capitolandkids

www.capitoland.com

WAITLIST

Please submit this form along with the \$50 fee (non-refundable) per child. As openings become available, we will contact you. Should you choose to accept the spot, your position on the waitlist will become a reservation and guarantee your spot. Applications are processed in the order in which they are received.

Children's Information

Child's Name: _____ Date of Birth/Due Date: _____

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Anticipated Start Date(s): _____ Referred by/at: _____

Programs & Scheduling

Madison Sun Prairie

DAYCARE ___M ___T ___W ___TH ___F ___flex

PUBLIC 4K (includes transportation)

KIDS' CLUB - **BEFORE** SCHOOL ___M ___T ___W ___TH ___F ___flex

KIDS' CLUB - **AFTER** SCHOOL ___M ___T ___W ___TH ___F ___flex

CAPITOLAND CHRISTIAN SCHOOL Grade Level(s): _____

Parents' Information

Father's Name: _____ Cell Phone: _____

Email: _____

Mother's Name: _____ Cell Phone: _____

Email: _____

Address: _____

City, State, & Zip: _____

When is the best time to contact? _____ via: email text call

Office Use Only: