



Thank you for your interest in Kids Are Special People Childcare and Preschool. Here are some things to keep in mind while filling out this wait list form.

1. This is NOT a registration form. It does not guarantee space for your child when you need it.
2. Please fill out all pertinent information and include a \$20 per family fee in order to establish a "contact date" for our list.
3. If you have more than one child to sign up, please fill out a separate form for each child. (But only one \$20 fee per family)
4. Please keep us updated with your address/phone changes. If we are unable to contact you when we have an opening for your child you will forfeit your space.
5. Enrollment is based upon the waitlist with preference being given to staff children, siblings of enrolled children, and confirmed church members in good standing of the Cathedral of the Rockies.
6. We accept children from 6 weeks through fifth grade.
7. The infant rooms (Sweet Peas and Tiny Tots) are full time only.
8. If you are offered a spot and decline for any reason, you will be moved to the bottom of the list.

Child's last Name _____ Child first name _____

Birthday _____ Male _____ Female _____ Age _____ Date Due _____

Parents last name (s) _____ First name _____

Address _____ City _____ St. _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Member of the Cathedral of the Rockies? Yes _____ No _____ email _____

Do you have children already attending KASP? Yes _____ No _____ Names _____

We offer three choices of schedules (excluding infant rooms) all from 7:30am to 5:30pm. Please check the ones you are interested in .

_____ Monday through Friday _____ Mon/Wed/Thurs _____ Tues/ Thurs

Please Note

The state of Idaho requires that all children be immunized according to Idaho State Standards before attending KASP. A copy of original immunizations records must be provided to KASP at the time of enrollment. KASP does not accept waivers.

Please mail form and \$20 check to

Kids Are Special People 717 N. 11th St. Boise ID 83702

*****For Office Use Only*****

Date received _____ (original contact date) check amount _____ check # _____