



Wildcat Care Waitlist Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Teacher: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Circle Days/Times Needed for Care:

Mon.            Tues.            Wed.            Thu.            Fri.

AM    PM    Both

Please return to front desk or email to [clauer@wwacademy.org](mailto:clauer@wwacademy.org)