

Linda Vista Children's Center

1259 Linda Vista Ave.
Pasadena, CA 91103
626-449-0985
www.lvcckids.org



WAITLIST APPLICATION

Date of application _____ Wait list expires in one year.

Child's name _____ Date of birth _____

Parent(s) Name(s) _____

Home Address _____

Employment

Company _____

Parent 1: Occupation _____

Phone _____ Email _____

Parent 2: Company _____

Occupation _____

Phone _____ Email _____

I would like my child to attend the following full day option:

_____ Full-time (**M to F**) _____ Part-time (**3 days - M /W /F**) _____ Part-time (**2 days – T/Th**)

Preferred start date _____

Referred by _____

Please return this application with a non-refundable \$100 Application Fee payable to LVCC. If a space is not available at this time, we will hold a limited number of applications on the Waiting List for up to one year.

When space is offered: A non-refundable one-month Tuition Deposit AND a one-time New Family Fee in the amount of \$350 per child is required to guarantee the space. A space WILL NOT BE GUARANTEED until the Tuition Deposit is paid.

If the spot is secured and you postpone the start date: Tuition is due for the months the space is being reserved.

Signature: _____ Date _____

OFFICE USE ONLY

Application fee paid: \$ _____ Payment _____ Date _____ Start Date _____

Tuition Deposit paid: \$ _____ Payment _____ Date _____ Room Assignment _____