

Lenox Children's Center
 9 Old Center Street Lenox, MA 01240
 413-637-0321 Fax: 413-637-2585

WAITING LIST REQUEST FORM

Please complete the Parent Section and return to the Office. Your child will be placed on our Waiting List upon receipt of this form in our Office. Thank you.

Parent Section:

Child's Name:	Home Phone:
Date of Birth:	Work Phone
Parent(s):	Cell Phone:
Address:	Sibling(s) Now Enrolled at LCC:
City:	
Zip:	Sibling(s) Now on Waiting List:
Referred By:	

Please indicate desired start date and what days and times you are requesting, along with child's exact age on start date.

Office Only:

Date Rec'd:

Child Eligible for Programs as follows

Date: Age: Program:

Date Called;	Contacted By:	Spoke With/ Message Left:	Status: