## THE DISNEY CHILDREN'S CENTERS Waiting List Application

ONLY DEPENDENT CHILDREN OF REGULAR DISNEY EMPLOYEES BASED IN THE LOS ANGELES AREA MAY BE ENROLLED IN THE CHILDREN'S CENTERS.

Please provide the information below if you wish to place your child(ren) on The Disney Children's Center Waiting list.

Applications will be placed on the waiting list in order of the date and time they are received. A one-time enrollment fee of \$100.00 will be required if your child is enrolled in the Centers.

Received Date:
Time:
Decline Date:
Time:
Waitlist Withdrawal Date:

## **PLEASE NOTE:**

Submitting an application does not guarantee admission at a desired time to the Disney Children's Centers.

·	, ,	•	DOB, no longer interested).
Preferred Center Location (check one): Burbank			
Ideal enrollment period (check	cone): Infant (2month-10 month	) Twos	Preschool (3 year to 4 year)
Employee's Name	Pe	ersonnel Number (PERNR	)
Department	Mail Code	Work Phone _	
Cell Phone			
Disney email address		Personal email address_	
Additional Parent's Name_		Disney employee?	Cell
Additional Parent's Email			
Home Address		City/Zip Code	
Child's First Name	Last Name	Date of birth (i	nclude year) or due date
Child's First Name	Last Name	Date of birth (i	nclude year)
	and that my child will be on a y child <b>at the age I have req</b> u		guarantee that a space will be
Employee Signature		Di	ate
Please Email completed form	n to: gretchen.mccolley@bri	ghthorizons.com	
Office Information:			
Onice information.			