



2 Year Old through Elementary Age
Pre-Paid Deposit/Waiting List Agreement

Parent Name(s): _____

Email: _____

Phone Number: _____

Child Name(s): _____

Child's Date of Birth: _____

Anticipated/Desired Start Date: _____

Anticipated/Desired Schedule (Circle): M T W Th F
(Part time Schedule only available for 3 years and older)

By signing this agreement and paying the \$50 deposit in whole or in part, you are agreeing that you understand and accept the terms and conditions below:

1. If the designated classroom for my child is full, a waiting list will be utilized on a first come, first served basis.
2. By paying the Deposit/Registration Fee you will be guaranteed a spot in the desired class OR will be placed on the waiting list until a spot opens in the classroom.
3. The Deposit/Registration Fee is **NON-REFUNDABLE**. If you decide not to enroll or find alternate care after you have already paid the Deposit/Registration Fee, you will forfeit this fee.
4. If you are on the waiting list and a spot becomes available, we will make 2 attempts over a 48 hour period to contact you at the phone number and/or email address above. If we are unable to get in touch with you after that 48 hour period, we will move to the next person on the waiting list.

You may call us anytime at 775-626-8490 to check on the status or your place on the waiting list.

5. All enrollment paperwork and required documents **MUST** be turned in to the Pebbles' Office AT LEAST 48 hours before official start date.

Signature: _____

Date: _____

For Office Use Only:

Deposit/Registration Paid Via: Cash Check # _____ Credit/Debit Card

Date Paid: _____

Added to Waiting List? Yes No Entered in CRM By: _____ (Initials)

Classroom: _____

Date(s) Contacted: _____ Proposed Start Date: _____