



Guardian Angel Daycare

Skaggs Catholic Center
300 E 11800 S
Draper, UT 84020
801-984-7135

Waiting List Application

Dear Parent/Guardian:

Thank you for your interest in Guardian Angel Daycare Infant & Toddler program. We are sorry that your child was not able to enroll as openings are limited. In order for your child to be placed on the waiting list, you will need to complete a "Waiting List Application" and enclosed a \$25.00 non-refundable processing fee.

The waiting list will be **updated yearly** according to the date your application is received.

The waiting list is not compiled on a first-come, first-serve basis. The staff of the Skaggs Catholic Center have first priority; siblings of students attending either St. John the Baptist schools, Juan Diego Catholic High School, and Guardian Angel Daycare are next on the list; Catholic children have the next priority followed by non-Catholics. When a position becomes available we will call or email the parent/guardian personally.

If you have any questions please contact Guardian Angel Daycare at the number listed above.

Sincerely,

Guardian Angel Daycare Administrative Staff



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Waiting List Application

You must complete the application below and enclose a \$25.00 non-refundable processing fee. Please return as soon as possible, to the Guardian Angel Daycare to be placed on the waiting list. Space is limited and priority is based not on when you turned in your application but rather on (1) if you are a staff member, (2) if the child has a sibling in any of the three schools on campus, (3) if you are a parishioner of St. John the Baptist Catholic Church, (4) if you are a catholic from another parish or (5) if you are not catholic.

Application Date: _____ Desire Date to Start: _____
Re-enroll: _____
Child's Name: _____ Age: ___ DOB: _____ Gender: ___
Parent/Guardian Name: _____
Parent/Guardian Name: _____

Address: _____
City: _____ State: _____ Zip: _____
Email address: _____
Home Phone: _____ Cell Phone: _____
Days of the week needed: Mon Tue Wed Thu Fri or Full Time
Times of the day needed _____

Priority Information

Please check one or more of the following if applicable

Staff Member: _____ Sibling: _____ Catholic: _____

Names of siblings attending St. John the Baptist, Juan Diego Catholic High or Guardian Angel Daycare. Grade

Registered Parish: _____
Parent/Guardian Signature: _____

For office use only

Date Received in Office: _____ Initials: _____ Priority?: _____

_____ \$25.00 Non-refundable Fee Received Cash: _____ Check #: _____
_____ Date Recorded into System