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
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