



95 Enterprise Drive,
Elizabeth, PA 15037
Phone
412.872.4200

Infant Wait List Form

Parent's Name: _____ Phone _____ Email _____

Address: _____

Parent's Name: _____ Phone _____ Email _____

Address: _____

Child's Name: _____ Date _____

Start Date: _____

\$60 Wait List Fee Paid- Date _____ Cash/ CC/ Check# _____

The Court Time Foundation, Inc. agrees to hold a spot for the child above. The parents agree to pay the wait list fee. The parents agree to turn in registration form 5 days prior to the child's start date (will be available on Child Pilot). The Court Time Foundation, Inc. agrees to give parents a registration packet at least two weeks prior to start date. All monies paid are non-refundable.

There is a minimum of three days a week (unless otherwise discussed). Your spot will NOT be held past your start date that is listed above unless you pay your weekly tuition.

Parent's Signature _____ Date _____

Operator's Signature _____ Date _____

DAYS NEEDED:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday