



Tuy Pathu Early Learning Center Waiting List Form

CHILD'S INFORMATION (Child must have enrollment number at time of submission)

Name: _____ D.O.B _____ (MM/DD/YYYY)
Enrollment # _____

PARENT INFORMATION

Mother: _____ Tribal Member Yes No
Phone #: _____ Email: _____

Father: _____ Tribal Member Yes No
Phone #: _____ Email: _____

WAITING LIST INFORMATION

Preferred Start Date: _____
Siblings on Waiting List or enrolled in the Early Learning Center? Yes No
If enrolled, name of the child(ren): _____
If on the waiting list, would you like for children to start at the same time? Yes No

ADMISSION POLICY

Admission is based on a first come first serve basis, along with availability within each classroom.
Waiting list is reviewed every 3 months. If contact information changes, please report the changes
by calling our office at 915-872-8648.

Parent's Signature: _____ Date: _____
Coordinator Signature: _____ Date: _____

EMAIL COMPLETED FORMS TO dte@ydsp-nsn.gov