Stepping Stones in Kamas Wait List Application 418 North 100 West Kamas, UT 84036

435-602-0991

Date of Inquiry:		Requested Start Date:				
Desired schedule:	Monday	Tuesday	Wednesday	Thursday	Friday	
Child's Name:			Date of Birth/Due Date:			
Mailing Address:						
Mother/Guardian: _			Employer:			
Cell #:	Home #:_		Email Address: _			
Father/Guardian:			Employer:			
Cell #:	Home #:_		Email Address: _			
Additional comment	cs:					
There is no fee to pla must have a comple	•				<u>-</u>	
Once your child read Stones needs a respo slot. If you do not re changes in your cont	onse with 24 hou espond, your nar	urs. Enrollment ne will be remo	must begin within	2 weeks of ac	ceptance of the	
If you decline a slot, request that he/she will be placed at the	remain on the lis	st. If you declin	e and want your c	hild to remain o	on the list, he/she	