



Child's DOB: _____

Wait List Fee Received: _____

1st Offer: _____

2nd Offer: _____

Placement: _____

Wait List Application

Date of Application: _____ Desired Start Date: _____

Child's Name: _____

Gender: _____ DOB: _____

My child's class is currently full; I would like to be offered the next available spot.

I would prefer to enroll my child for a future date: _____.

Please complete check boxes for your child's age and preferred schedule:

Class:

Infant/Toddler

Early Preschool

Preschool

Pre-Kindergarten

Mixed Age Half Day (open to fully potty trained 2.5 – 5 year olds)

Preferred Schedule:

5 Full Days

2 or 3 Full Days – Please specify days _____

5 Half Days (8:30 a.m. – 12:30 p.m.)

Other – Please specify _____

Parent/Guardian: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

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Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

How did you hear about us? _____