



# Wait List Application

Today's Date: \_\_\_\_\_

Child's Name Sex Current Age Birth date or Due Date

Home Address/City, State, Zip Home Telephone

Parent/Guardian #1 Email Address Cell Phone Number

Parent/Guardian #2 Email Address Cell Phone Number

Desired Start Date: \_\_\_\_\_

Please indicate choice of enrollment option:

- \_\_\_\_\_ Full Day
- \_\_\_\_\_ School Day (8:30-3:30)
- \_\_\_\_\_ Half Day (9:00-1:00)
- \_\_\_\_\_ Part Time (M,W,F)
- \_\_\_\_\_ Part Time (T,TH)

Is there additional information that you would like to share?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*To secure your family's spot on the wait list please submit this application along with a non-refundable application fee of \$25 to the school either in person or via mail to the address below.*

