



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 Name		Email Address	Cell Phone Number
Parent/Guardian #2 Name		Email Address	Cell Phone Number

Desired Start Date: _____

Please indicate choice of enrollment option:

- _____ Full Day
_____ School Day (8:30–3:30)
_____ Part Time (M,W,F) (Full Day Only)
_____ Part Time (T,TH) (Full Day Only)
_____ Pre-K*

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.

****There is no application fee for the pre-k class wait list.***



The Willow School
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Decatur, GA 30030

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