



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
141 Sams Street, Suite A1
Decatur, GA 30030



willowschoolga@gmail.com
willowschoolga.com