



Wait List Application 2019-2020

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:

- _____ 5-Day Full Day
_____ 5-Day School Day (8:30-3:30)
_____ Part Time (M,W,F) (Full Day Only)
_____ Part Time (T,TH) (Full Day Only)
_____ Pre-K*
_____ After School Program

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.***

