



Wait List Application 2020-2021

Today's Date: _____

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

Child's Home Address/City/State/Zip

Parent/Guardian #1 Name	Email Address	Phone Number
-------------------------	---------------	--------------

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

Desired Start Date: _____

Please indicate desired 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 (K-2)

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 \$50 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.***