Wait List Application 2021-22

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 Program
_____ 3-Day Program (MWF)
_____ 2-Day Program (T/TH)

_____ Georgia Lottery Pre-K 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 $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.

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