



Preschool Waiting List Application

Requested Start Date: _____ Child's Birth Date: _____

Child's Name: _____ Boy Girl

Parent's Name: _____

Home Address: _____

Contact Info:

Phone Number: _____

Email Address: _____

We will contact you at the primary email address listed above when a space is available. Please respond within 48 hours of receiving notice that a space is available for your child.

Please notify us if you change your phone number and/or address.

Please select the schedule that meets your family's needs:

Full Day 7:30-5:30

__ M-F

__ MWF (3 to 5 year olds only)

__ T/Th (3 to 5 year olds only)

You must submit a fee of \$25 with this form in order to process your waiting list application. A service charge of \$25 will be imposed for returned checks. This fee is non-refundable and non-transferable. Please note that there is no guarantee of entrance into the preschool.

Tuition rate is subject to change. Priority is given to Full-time students and siblings of existing students currently enrolled. Part-time enrollment is available secondarily as space and scheduling allows. Please initial here for agreement: _____

| | |
|---|---------------------|
| Administrative use only | Received By: _____ |
| Date and Time Application Received: _____ | |
| Check #: _____ | Check Amount: _____ |
| | Note: _____ |