



APPLICATION FOR PRESCHOOL WAITING LIST

Date: _____

Child's Name: _____ Sex: ()M ()F Date of birth: _____

Home Address & Zip Code: _____

Home Phone: _____

Father's Name: _____ Cell Phone: _____

Father's Email: _____

Mother's Name: _____ Cell Phone: _____

Mother's Email: _____

Desired Date of Enrollement: _____

1-year olds: (one by September 1)

1st Choice: () Tues./Thurs. () Mon./Wed./Fri. () Mon.-Fri.

2nd Choice: () Tues./Thurs. () Mon./Wed./Fri. () Mon.-Fri.

2-year olds: (two by September 1)

1st Choice: () Tues./Thurs. () Mon./Wed./Fri. () Mon.-Fri.

2nd Choice: () Tues./Thurs. () Mon./Wed./Fri. () Mon.-Fri.

3-year olds: (three by September 1)

1st Choice: () Mon./Wed./Fri. () Mon.-Fri.

2nd Choice: () Mon./Wed./Fri. () Mon.-Fri.

4-year olds: (four by September 1)

() Mon.-Fri.

**** This application is valid for one year from the *Date of Application*. ****

