



APPLICATION FOR WAITING LIST

Date: _____

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

Home Address & Zip Code: _____

Father's Name: _____ Cell Phone: _____

Father's Email: _____

Mother's Name: _____ Cell Phone: _____

Mother's Email: _____

Desired Date of Enrollement: _____

*Please select preferred attendance below.

Babies: (6 months by September 1)

() Tues./Thurs. () Mon./Wed./Fri. () Mon.-Fri.

1-year olds: (one by September 1)

() Tues./Thurs. () Mon./Wed./Fri. () Mon.-Fri.

2-year olds: (two by September 1)

() Tues./Thurs. () Mon./Wed./Fri. () Mon.-Fri.

3-year olds: (three by September 1)

() 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*. ****

Office Use:
