

Wait List Application

Child's Name: _____

D.O.B.: _____ (Age as of today: ____ years and ____ months)

Mother's Name: _____ Email: _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Employer's Name: _____ Title at work: _____

Father's Name: _____ Email: _____

Address: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Employer's Name: _____ Title at work: _____

Please check what you are applying for:

- School Year: SY 2019 – 20 (Sept. 1, 2019 – Aug. 31, 2020)
 SY 2020 – 21 (Sept. 1, 2020 – Aug. 31, 2021)
 SY 2021 – 22 (Sept. 1, 2021 – Aug. 31, 2022)
 If a mid-year start is preferred, please write that start date: _____

- Program: Full-Day (8:30 am to 3:30 pm)
 Half-Day (8:30 am to 12:00 pm)

- Extended Care: AM extended care (8:00 am to 8:30 am)
 PM extended care (3:30 pm to 5:00 pm)

- Number of Days Per Week: 5 days (Mon. to Fri.)
 4 days (Mon. to Thur.)

Please submit \$50.00 non-refundable wait list fee along with this wait list application and an enrollment application.

The wait list will be maintained in accordance with "Description of Wait List."

Parent's Name

Signature

Today's Date (Application Date)