



## WAITING LIST APPLICATION

NAME OF CHILD \_\_\_\_\_ M OR F \_\_\_\_\_

DATE OF BIRTH OR DUE DATE: \_\_\_\_\_

START DATE NEEDED: \_\_\_\_\_

3 DAYS OR 5 DAYS: \_\_\_\_\_ M T W R F

DATE APPLICATION RECEIVED: \_\_\_\_\_

### PARENT INFORMATION:

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

PARENTS SIGNATURE: \_\_\_\_\_

\*A NON-REFUNDABLE APPLICATION FEE OF \$60 PER FAMILY AND A NON-REFUNDABLE ONE WEEK TUITION DEPOSIT IS DUE TO ENSURE A CONFIRMED START DATE.

\*PROMISED ENROLLMENT DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_