



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: _____

***A NON-REFUNDABLE ONE WEEK TUITION DEPOSIT PLUS A \$75 APPLICATION FEE IS REQUIRED TO HOLD FOR THE NEXT AVAILABLE OPENING**

PARENT INFORMATION:

MOTHER: _____ FATHER: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ ZIP: _____ CITY: _____ ZIP: _____

PHONE: _____ PHONE: _____

EMPLOYER: _____ EMPLOYER: _____

WORK PHONE: _____ WORK PHONE: _____

EMAIL: _____ EMAIL: _____

REFERRED BY: _____

PARENTS SIGNATURE: _____

STAFF NOTES:

***PROJECTED ENROLLMENT DATE:** _____ **DEPOSIT AMT. PD** _____

NOTES: _____