

PRESCHOOL WAITING LIST APPLICATION

Please check all programs you are interested in and for what school year:

_____ 3's/4's class for the school year _____

_____ 4's/5's class for the school year _____

_____ Infant/ toddler program (only 3 weeks in the spring) for the school year _____

Child's name _____ Date of Birth _____ Age _____

Address _____ Telephone number _____

Mother's email _____

Father's email _____

Name of Parents & Employer

Mother _____ Employer _____

Father _____ Employer _____

Recommended by: _____

Office use:

Past siblings _____ Called _____ Visited _____

Enrolled as of: _____

3's/4's

4's/5's

Infant/ toddler

Year _____

Year _____

Year _____

lift all students