



## Waiting List Form

***We have a waiting list requirement of a \$70.00 registration fee and a \$100.00 new student enrollment fee. The registration fee is refundable 30 days prior to the students starting date and the enrollment fee is refunded upon receipt of last month's tuition.***

Today's Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

***Check Preferred Schedules:***

Year Round (Sept. - Aug.)

School Year (Sept. - May)

***I would like my child to attend...***

Morning (8:30-12:30)

***My child will also need....***

AM Child Care (7:00-8:30)

School Day (8:30- 3:00)

PM Child Care (3:00-6:00)

Pre-Primary Class (2 Year Old Class)

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**Office Use Only**

Amount Paid: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_

Contact Date \_\_\_\_\_ Start Date \_\_\_\_\_ Teacher \_\_\_\_\_

Sign in # \_\_\_\_\_  Paperwork Received

Age \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_