

2024-2025 School Waitlist Form

Has your child previously been in another school or daycare? <u>Circle one:</u> YES									or NO	
How did you l	hear about our	school?								
Child inform	ation:									
Name:			DOB:	DOB:		Age:		Gender:		
Name:			DOB:	DOB:		Age:		Gender:		
Name:			DOB:	DOB:		Age:		Gender:		
Parent Inform	mation•									
	nation.					T				
Parent 1:			Phone:	Phone:			Email:			
Parent 2:			Phone:	Phone:			Email:			
Caladala Dia	1	43 1 1	41-4	44-1: (D.	1_/\ 7	DIZ 5	1	1\		
Schedule: Ple	ease select an o	option below	that you are in	iterested in (Pi	e-K/V	PK are 5	days o	nly).		
	3 Day	5 Day	Partial Day	Full Day 8:30-2:00	Extended 7:30-5:30			y Care d On	After Care Add On	
	M/W/F	M-F	8:30-12:30	8:30-2:00				u On)-8:30	2:00-5:30	
Child 1:										
Child 2:										
Child 3:										
you. You will then be able to	hen receive an add your Credi	email invitation t card, Debit c	ed your waitlist to with a 10-diginary or ACH info	it character codormation and m	e to sig ake pa	gn up. Onc yments di	ce you a rectly t	are signe hrough y	d up you will	
			e waitlist fee per would like to pa					_		
	dd the waitlist fee					ck is inclu				
Parent Signature	:		Date:							