

TWOS-FOURS WAITING LIST

CHILD'S NAME			
AGE	BIRTHDATE	M or F	
CHILD'S STREET ADDF INCLUDING CITY, ZII			
FATHER'S NAME		EMAIL	
HOME PHONE	WORK	CELL	
MOTHER'S NAME		EMAIL	
HOME PHONE	WORK	CELL	
SUMMER SESSION:			
AGE GROUP: 1	TODDLERS 2 YR. OLD CLAS	SS 3 YR. OLD CLASS PRE-K CLASS	
PRESCHOOL ONLY (TTH-2'S and 3'S ONLY)PRESCHOOL WITH DAYCARE (TTH-2'S and 3'S ONLY)			
PRESCHOOL W/DAYCARE (MWF 2'S AND 3'S ONLY)			
	PRESCHOOL ONLY M-F	FULL DAYCARE (M-F)	
FALL/SPRING SESSIO	N:		
AGE GROUP:	2 YR. OLD CLASS 3 YR. OLI	D CLASS PRE-K CLASS	
	PRESCHOOL ONLY (TTH-2'S and 3' ONLY)		
	PRESCHOOL WITH DAYCARE (TTH-2'S and 3'S ONLY)		
	PRESCHOOL ONLY (MV	VF 2'S AND 3'S ONLY)	
	PRESCHOOL W/DAYCA	ARE (MWF 2'S AND 3'S ONLY)	
	PRESCHOOL ONLY M-F	FULL DAYCARE (M-F)	
	WAITING LIST FEE \$25.00 CHEC	CK # PAID BY CASH OR CHECK (circle one)	
	IF YOUR CHILD IS PLACED, TH	HIS FEE WILL BE APPLIED TO THE REGISTRATION FEE.	

PLEASE SIGN TO VERIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT YOU UNDERSTAND THIS APPLICATION IS FOR THE WAITING LIST ONLY AND WAITING LIST FEE IS NON-REFUNDABLE.

PARENT SIGNATURE: ______ DATE: ______