



## Waitlist Application Form

### CHILD INFORMATION

Last Name		First		DOB	
Street Address				Apartment/Unit #	
City		State		ZIP	
Resides with	Both <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/>		Allergies	N/A <input type="checkbox"/>	
Med. Conditions	N/A <input type="checkbox"/>				
Addl Information					

### PARENT/ GUARDIAN INFORMATION (1)

Last Name		First		DOB	
Home Phone		Cell Phone		Text	YES <input type="checkbox"/> NO <input type="checkbox"/>
Email Address			Alt.		

### PARENT/ GUARDIAN INFORMATION (2)

Last Name		First		DOB	
Home Phone		Cell Phone		Text	YES <input type="checkbox"/> NO <input type="checkbox"/>
Email Address			Alt.		

### PROGRAM INFORMATION

Waitlist Start Date		Schedule	<input type="checkbox"/> Mon.-Fri. <input type="checkbox"/> Tues., Thurs. <input type="checkbox"/> Mon., Wed., Fri.		
Desired Start Date		Shift	<input type="checkbox"/> 7:30am-4:30pm <input type="checkbox"/> 8:30am-5:30pm		
Promotion		Ext. Hours	<input type="checkbox"/> 1/2hr _____ <input type="checkbox"/> 1hr _____ <input type="checkbox"/> 2hrs _____		

### PAYMENT INFORMATION (\$100 WAITLIST FEE)

CC Holder Name		CC Account #	
CC Expiration		CW	
Signature		Date	

### WAITLIST AGREEMENT

The applicant agrees to a \$100 waitlist fee that will secure a position on the waitlist for the designated class and desired schedule. If a seat for your child becomes available, you may within 2 days of being contacted (a) accept the seat or (b) decline the seat. In the case that you accept, your \$100 waitlist fee will be credited toward your enrollment fees. In the case that you decline the seat your waitlist fee will not be returned.

Your position on the waitlist is subject to current families having priority to available seats and those waiting before your submission. You may request an update on your position at any time as well as withdraw your waitlist application and forfeit the fee.

Signature \_\_\_\_\_

Date \_\_\_\_\_