



## Waiting List Application for Infant & Preschool

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Mm/dd/yyyy

Name of parent(s) guardian(s): \_\_\_\_\_  
\_\_\_\_\_

### Contact Information:

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: Mother- Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Father- Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**Note: Please circle: Student, staff, or community**

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