

## Fostering each child's potential and a life-long love of learning.

OFFICE USE ONLY	
DATE REC'D	
TIME	

COMMENTS:

## **Application for Waiting List Enrollment**

ADDRESS  CITY/STATE/ZIP  TELEPHONE NUMBER  We hereby apply for the enrollment of the above named child in the following program:  Pre-Children's House: Mon/Wed/Fri Tues/Thurs Monday - Friday (8:30-11:45) (8:30-11:45)  Children's House: Monday - Friday Extended Day (8:30 - 3:15 p.m.)  Elementary: (8:30 - 3:15 p.m.)  Adolescent: (8:30 - 3:15 p.m.)					
PARENT'S/GUARDIAN'S NAME  ADDRESS  CITY/STATE/ZIP  TELEPHONE NUMBER  We hereby apply for the enrollment of the above named child in the following program:  Pre-Children's House: Mon/Wed/Fri (8:30-11:45) (8:30-11:45)  Children's House: Monday – Friday (8:30-11:45) (8:30-11:45)  Children's House: Monday – Friday (8:30-11:45)  Children's House: Monday – Friday (8:30-3:00 p.m.)  Elementary: (8:30 – 3:15 p.m.)  Adolescent: (8:30 – 3:15 p.m.)  We will also use Before and After School Care: Regularly Occasionally for so, what is the name and address of the school?  If so, what is the name and address of the school?  Steepipt will entitle the above named child to be placed on a waiting list and we will be notified by telephone and/or mail wherecomes available for their enrollment.					
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DATED: BY:			placed on a waiting lis	t and we will be notified by	telephone and/or mail when sp
	OATED:		BY:		
(Signature of Parent or Guardian)			(Signature	of Parent or Guardian)	