



PRESCHOOL WAITLIST APPLICATION

Today's Date: _____

Please Circle Preferred Schedule Below:

Tuesday/Thursday only	2 Half Days	2 Full Days
Monday/Wednesday/Friday only	3 Half Days	3 Full Days
Monday - Friday	5 Half Days	5 Full Days

Child's Name: _____
(Last) (First) (Middle) (Nickname)

Date of Birth: _____ Place of birth: _____ Sex: _____M _____F

Home Address: _____ City: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

Parent(s)/Guardian(s):

Father's Name	_____	Mother's Name	_____
Occupation	_____	Occupation	_____
Company Name	_____	Company Name	_____
Work Phone	_____	Work Phone	_____
Cell Phone	_____	Cell Phone	_____
Email:	_____	Email:	_____

Do you have any other children attending Water of Life Christian School? _____

School student presently or last attended: _____

_____ City State Zip Code Telephone

How did you hear about Water of Life Preschool: _____

Terms of application: Each waitlist application for enrollment must be accompanied by a **NON-REFUNDABLE FEE** of \$25.00 per child before it can be processed. This processing fee will be applied to the Registration Fee when your child is accepted into one of our classes.

I understand and agree to these terms: _____
Parent's Signature

Office Use Only

Date Received: _____ Received by: _____ Paid by: Check # _____ Cash _____

Call Date _____ Response Date _____ Pending _____

Sibling _____ Date Packet Sent _____ Enrollment Date _____

Administration Comments: _____