

# The Children's Pre-School Center

## Wait List Application

Please complete one application per child, including a non-refundable application fee of \$50. Please make the check payable to "The Children's Pre-school Center". Checks only please.

### Child Information:

Child Name: \_\_\_\_\_ Gender: M/F Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Parent Information:

Parent 1 Name: \_\_\_\_\_ Parent 1 Cell Phone: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Parent 2 Cell Phone: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

Preferred Schedule:            FULL TIME            MWF            TTH

Referred By: \_\_\_\_\_

Additional Comments :

\_\_\_\_\_  
\_\_\_\_\_

I understand that paying the non-refundable \$50 application fee places my child on the waitlist at CPSC ,but does not guarantee an opening.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### OFFICE USE ONLY

Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Received Date: \_\_\_\_\_