

Waitlist Application

F	Parent's Name:					
	Child's Name:					
	Date of Birth:					
ŀ	Home Address:zip					
	hone (preferred):			(contact #2)		
	imail Address:					
	deal Start Date:				r	
F	Please indicate which location	on you are enro	olling for:L	_SELLWOOD_	<u>l</u>	ST. JOHNS
	Elefantitos (Sellwood only) 6 months	Koalas 12 months	Mariposas 2 year old	Ositos 3 year old	Patitos 3-5 year old	Lechuzas 4-5 year old
	o montins	12 11011113		S year old	J-J year old	4-5 year old
	Please indicate which ALI All-Day hours are 7:30am		e you are intere	sted in;		
	5 Days (M-F)			Monday-Friday		
	4 Days (M-Th or T-F)			Monday/Tuesday/Wednesday/Thursday/Friday		
	3 Days			Monday/Wednesday/Friday		
	2 Days			Tuesday/Thursday		
F	Please indicate which AM s	chedule you ar	e interested in;			
Þ	M hours are 8:30am-12:00	Dpm				
	5 Days (M-F)			Monday-Friday		
	4 Days (M-Th or T-F)			Monday/Tuesday/Wednesday/Thursday/Friday		
	3 Days	Monday/Wednesday/Friday				
	2 Days	Tuesday/Thursday				
F	Parent Signature			Date		

*There is a non-refundable Wait List fee of \$75.00. The fee will place your child on the appropriate wait list for their classroom. When a space becomes available, you will have 48hrs to accept the opening, and provide the school with the Parent Contract and Discounted Enrollment Fee of \$125.00.