

Waitlist Application

	Parent's Name:						
	Child's Name:						
	Date of Birth:						
	Home Address:	ome Address:zipzip					
	Phone (preferred): (con			act #1)		(contact #2	
	Email Address:						
	deal Start Date:						
	Ideal Start Date:Please indicate which location you are enrolling for: SELLWOOD ST. JOHNS						
	Please indicate what class your child will be in;						
	Elefantitos (Sellwood only)		Mariposas	Ositos	Patitos	Lechuzas	
	6 months	12 months		3 year old	3-4 year old	4-5 year old	
	Please indicate which ALI	L-DAY schedule	e you are interes	ted in;			
All-Day hours are 8:30am-5:00pm							
	5 Days (M-F)			Monday-Friday			
	, , ,			•	•		
	4 Days (M-Th or T-F) Monday/Tuesday/Wednesday/Thursday/Friday						
	↑ 3 Days				Monday/Wednesday/Friday		
Ш	3 Days			Monady, Wednesday, Mady			
	2 Days			Tuesday/Thursday			
	Please indicate which AM	1 schedule vou	are interested i	n:			
	AM hours are 8:30am-12	•		,			
	5 Days (M-F)			Monday-Friday			
	4 Days (M. Th. or T. E)			Monday/Tu	acday/Madaacda	v/Thursday/Eriday	
Ш	4 Days (M-Th or T-F)			Monday/Tuesday/Wednesday/Thursday/Friday			
	3 Days			Monday/Wednesday/Friday			
П	2 Days			Tuesday/Th	ursdav		
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	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.