

2018/2019 Waiting List Application

Child's Legal Name:						
Name Child Is Called:						
Birthdate: / / Age as of Sept. 1, 2018:						
			How did you hear about us?			
TIOW did you fledi about 039						
Please Print		Pare	nt		Parent	
Name			111		. 6.5	
Address						
City, State & Zip						
Home Phone						
Employer						
Work Phone						
Occupation						
Other Phone						
Email Address						
				l .		
I understand all payments are 100% non-refundable if registration is canceled FOR ANY REASON. I understand the following waiting list policy: 1. The first time a family declines a spot (or fails to call back), the waiting list date will be changed to the date of decline. 2. The second time a family declines a spot (or fails to call back), the child will be removed from the waiting list. Any families wishing to get back on the waiting list must submit a new application and fee. Children are considered for admission based on the following priorities: 1st: Current Students 2nd: Siblings of children currently or previously enrolled 3rd: Circle C Residents 4th: Non-Residents						
Parent Signature Date						
Program Choice: Part-Time/Full-Time	,	Anticipated Start Date:			Pre-K Inclusion Interest? Which School: Clayton/Kiker	
Sibling of Current	Student?	⊿ yes	┛no	Circle C Reside	ent: 🛮 yes 🗖 no	
Office Use Only						
\$130.00 WL Application Fee			Paid: □Ente	/ / red in ProCare	Check # ☐ Entered in Excel	