



## Waitlist Application

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Email address: \_\_\_\_\_ Cell: \_\_\_\_\_

Please check the boxes of the future classes in which you would like to be placed on the waitlist. Please note:

- Children must turn 2 before they can attend the 2YO program.
- Children must be the classroom age by September 15<sup>th</sup>.
- Children must be fully potty trained to attend our 3YO – PreK classes.

	2023-2024	2023-2024	2024-2025	2024-2025	2025-2026	2025-2026
	Half Day	Full Day	Half Day	Full Day	Half Day	Full Day
2-Year-Old – 2 Day (Tues & Thurs)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
2-Year-Old – 3 Day (Mon/Wed/Fri)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
2-Year-Old Full Day		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
3-Year-Old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-Year-Old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-K (4-5 Year-Old)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

What month of the school year do you anticipate starting (if not August)? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child take any medication we should know about? \_\_\_\_\_

Does your child have any special needs we should know about? \_\_\_\_\_

A non-refundable waitlist fee of \$35 is required to be placed on the waitlist. You will receive an invoice via email after receipt of this form. Your spot on the waitlist will be secured when this application form and waitlist fee is received. Please email this completed form to [office@littlepinesacademy.com](mailto:office@littlepinesacademy.com)

**YOU WILL BE CONTACTED VIA PHONE AND EMAIL IF A SPOT OPENS UP FOR ENROLLMENT. YOU WILL HAVE 24 HOURS TO RESPOND BEFORE THE NEXT FAMILY ON THE LIST IS CONTACTED. IF YOUR DESIRED SPOT DOES NOT BECOME AVAILABLE, YOUR SPOT WILL AUTOMATICALLY BE TRANSFERRED TO THE NEXT SCHOOL YEAR.**

\_\_\_\_\_  
PARENT NAME / DATE

\_\_\_\_\_  
PARENT SIGNATURE

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_

DATE FEE PAID \_\_\_\_\_ INVOICE # \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_