



## 2026-2028 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 be the classroom age by September 15<sup>th</sup>.
- Children must be fully potty trained to attend our 3YO – PreK classes.

	2026-2027	2027-2028	2028-2029
1-Year-Old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-Year-Old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-Year-Old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-Year-Old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-K (4-5 Years-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.vass@littlepinesacademy.com](mailto:office.vass@littlepinesacademy.com)

**YOU WILL BE CONTACTED VIA EMAIL IF A SPOT OPENS UP FOR ENROLLMENT. YOU WILL HAVE 24 HOURS TO RESPOND BEFORE THE NEXT FAMILY ON THE LIST IS CONTACTED.**

\_\_\_\_\_  
PARENT NAME

\_\_\_\_\_  
DATE

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

FOR OFFICE USE ONLY

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

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