Little Pines Academy
SOUTHERN PINES

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

	2026-2027		2027-2028		2028-2029	
	Half Day	Full Day	Half Day	Full Day	Half Day	Full Day
2-Year-Old – 2 Day (Tues & Thurs)	☐		☐		☐	
2-Year-Old – 3 Day (Mon/Wed/Fri)	☐		☐		☐	
2-Year-Old Full Day		☐		☐		☐
3-Year-Old	☐	☐	☐	☐	☐	☐
4-Year-Old	☐	☐	☐	☐	☐	☐
Pre-K (4-5 Years-old)		☐		☐		☐

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

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 _____