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 15th.** Children must turn 1 before they can start the 1YO program in Vass and turn 2 before they can start the 2YO program in Southern Pines.
- Children must be fully potty trained to attend our 3YO – PreK classes.

Which waitlist would you like to join ($35 for one location, $45 for both): Southern Pines ☐ Vass ☐

SOUTHERN PINES CAMPUS	2026-2027		2027-2028		2028-2029	
	Half Day 9am-12:30pm	Full Day 9am-2pm	Half Day 9am-12:30pm	Full Day 9am-2pm	Half Day 9am-12:30pm	Full Day 9am-2pm
2-Year-Old – 2 Day (Tues & Thurs)	☐		☐		☐	
2-Year-Old – 3 Day (Mon/Wed/Fri)	☐		☐		☐	
2-Year-Old Half Day (Mon – Fri)	Not Available	Not Available	☐		☐	
2-Year-Old Full Day		☐		☐		☐
3-Year-Old	☐	☐	☐	☐	☐	☐
4-Year-Old	☐	☐	☐	☐	☐	☐
Pre-K (4-5 Years-old)		☐		☐		☐

VASS CAMPUS	2026-2027		2027-2028		2028-2029	
		Full Day 9am-2pm		Full Day 9am-2pm		Full Day 9am-2pm
1-Year-Old		☐		☐		☐
2-Year-Old		☐		☐		☐
3-Year-Old		☐		☐		☐
4-Year-Old		☐		☐		☐
Pre-K (4-5 Years-old)		☐		☐		☐

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/$45 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 or office.vass@littlepinesacademy.com **YOU WILL BE CONTACTED VIA EMAIL IF A SPOT OPENS UP FOR ENROLLMENT. YOU WILL HAVE 48 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 _____