KINDER-HAUS WAITING LIST APPLICATION FORM

DATE _____

NAME OF PARENTS/GUARDIANS _____

ADDRESS (City, State, Zip) _____

_____

PHONE NUMBER _____

CHILD'S NAME _____

BIRTHDATE _____ GRADE IN SCHOOL_____

IF CURRENTLY ENROLLED, AT WHAT PROGRAM _____

ANY SPECIFIC RECOMMENDED ACCOMODATIONS YOUR CHILD WOULD NEED

_____

_____

PREFERRED SCHEDULE/DAYS _____

ANTICIPATED START DATE _____

EMAIL _____

ANY ADDITIONAL INFORMATION ABOUT YOUR CHILD _____

_____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Office Information Below ----------

SIGNATURE OF OFFICE STAFF _____ DATE RCVD _____

A NON-REFUNDABLE DEPOSIT OF _____ HAS BEEN RECEIVED SECURING A PLACE ON THE WAITING LIST. THE DEPOSIT WILL BE APPLIED TO THE REGISTRATION FEE UPON ACCEPTANCE.

ADDITIONAL OFFICE NOTES _____

_____

_____