



Waiting List Application

Date of Application _____

Child's Name _____ Date of Birth _____

Parent/Guardian Name _____ Phone _____

Address _____ Email _____

Parent/Guardian Name _____ Phone _____

Address _____ Email _____
(if different)

How did you hear about Robots and Mud Pies π Preschool? _____

When would you like your child to start preschool? _____

Choice	Number of Days	Days
	5 Day Morning	Monday - Friday
	5 Day Afternoon	Monday - Friday
	3 Day Morning	Mon., Wed., & Fri.
	3 Day Afternoon	Mon., Wed., & Fri.
	2 Day Morning	Tues. & Thurs.
	2 Day Afternoon	Tues. & Thurs.
	Full Day	What days?
	Other	

Parent/Guardian Signature _____ Date _____

For Office Use Only:

Date Received _____ Waiting List Number: _____

Notes (i.e. date child turns 2): _____