

ACTIVE ZONE KIDS
WAIT LIST APPLICATION

Child's Information

Child's Full Name: _____

Birth Date: _____ Male/Female: _____

Parent/Guardian Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number to contact you regarding an available space: _____

Email: _____

Enrollment Date Requested: _____

Initial each of the following:

_____ I understand that placement on the Active Zone Kids Preschool waiting list does not guarantee placement in a class.

_____ I understand that openings are offered as they become available. I understand that there is no guarantee that an opening will be available on my preferred date and that I could be offered start dates that is different from my preferred date.

_____ I understand that Active Zone Kids Preschool will only hold an offered space for 24 hours. If I do not confirm that I am accepting the offered space within 24 hours, I will lose that offered space.

_____ I understand that I need to call Active Zone Kids Preschool immediately with any changes to any of the above in order to keep this application active.

I have read and understand the waiting list procedures.

Parent name (printed) _____

Parent signature _____ Date _____