



Preschool of the Arts Waiting List Form

Today's Date _____

Date required: Month _____ Year _____

Name of Child(ren) _____

Birthdate(s) _____

Number of days per week requesting _____

Time of day _____

Name of
Parent(s)/Guardian _____

Address _____

Home telephone # _____ Business telephone# _____

Email address _____

Comments _____

We will leave two messages. We will need a decision within forty-eight hours.

Signature of Parent/Guardian _____

Signature of Child Care Staff _____

Contacted 1. _____ 2. _____

Response _____