Bethany Lutheran Preschool Wait List Application **Today's Date:** _____

Student's Information

Sibling? Y ☐ N ☐ **Enrolled Sibling Name:** _____

Student's Name: _____
Last First Middle Suffix

Preferred Name: _____ Date of Birth: _____

Gender: Male ☐ Female ☐

Class: (Please check all that apply: Days Attending & Age Group) MUST BE AGE BY SEPTEMBER 1, 2012

M/W ☐ **Toddler** ☐ **2's** ☐ **3's** ☐ **4's** ☐

T/TH ☐ **Toddler** ☐ **2's** ☐ **3's** ☐ **4's** ☐

T/W/TH 4's ☐ **M/T/W/TH 4's** ☐

Primary Family Information

Address Line 1: _____

Address Line 2: _____
City State Zip Code County

Home Phone: _____ Family Email: _____

Father's Information

Father's Name: _____ _____ _____ _____
Last First Middle Suffix

E-Mail Address _____ Mobile Phone: _____

Mother's Information

Mother's Name: _____ _____ _____
Last First Middle

E-Mail Address: _____ Mobile Phone: _____

Please note that there is no charge to be added to our wait list. **Siblings of currently enrolled students have priority placement.** Unfortunately, being on the wait list does not guarantee that a space will become available for your child. As openings only occur when a family leaves the program, they may occur throughout the school year and can vary widely between classes. Families on the wait list are contacted per their order on the wait list as openings become available. Each January families on the wait list are contacted to ascertain whether they wish to remain. If there is no response to this contact, the child's name will be removed from the wait list.

Return this completed form at your scheduled tour.
Tours may be scheduled for Wednesdays or Thursdays at 11 AM, 11:30 AM, 12 Noon or 12:30 PM
Contact Linda Shirley at linda@blcms.org to schedule your tour.

Office use: Tour Date _____ Waiting List Placement Date: _____ Review/Enrolled Date: _____