Eastside Children's Academy

Wait List Application

Date:_____ Preferred Start Date:_____

Child's Name:_____ Birthday:_____

Gender: _____ Male _____ Female   Preferred Schedule: _____ Full-time _____ Part-time

Parent # 1 Information	Parent # 2 Information
_____	_____
Parent Name	Parent Name
_____	_____
Email Address	Email Address
_____	_____
Phone Number	Phone Number
_____	_____
Address	Address
_____	_____
City, State & Zip Code	City, State & Zip Code
_____	_____
Employer Name	Employer Name

Please initial:

_____Wait list application fee is $**250.00**.   _____This is a **non-refundable** fee.

_____Fee is due at the time of application.   _____I understand that the wait list fee is not a guarantee that a space will be available at my preferred start date.

I would like my child to be added to Eastside Children's Academy's Wait List:

_____   _____
Signature   Date