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 Name

_____
Email Address

_____
Phone Number

_____
Address

_____

_____
City, State & Zip Code

_____
Employer Name

Parent # 2 Information

_____
Parent Name

_____
Email Address

_____
Phone Number

_____
Address

_____

_____
City, State & Zip Code

_____
Employer Name

Please initial:

_____Wait list application fee is $**250.00**.

_____Fee is due at the time of application.

_____This is a **non-refundable** fee.

_____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

ECA Updated: 2/2025