

VALLEY CATHOLIC EARLY LEARNING SCHOOL

PART-TIME PRESCHOOL WAIT LIST FORM (Wildflowers)

DATE: _____ REFERRED BY: _____

Please circle schedule requested: AM (8:00-11:00) Extended Hours (until 2:30 pm)

Two days/week (Tuesday/Thursday) Three days/week (Monday/Wednesday/Friday) 5 days/week (M-F)

Child's Name _____ Preferred Name _____

Desired Start Date _____

Child's Date of Birth _____ Age _____ Sex _____

Home Address _____ Telephone _____

City, State, Zip _____

Father's Name _____ Work Telephone _____

Mother's Name _____ Work Telephone _____

Religion _____ Parish _____