

VALLEY CATHOLIC EARLY LEARNING SCHOOL

PART-TIME PRESCHOOL WAIT LIST FORM (Wildflowers)

DATE: _____ REFERRED BY: _____

Class Hours (8-2:30)

Please circle days requested:

Two days/week (Tuesday/Thursday)

Three days/week (Monday/Wednesday/Friday)

5 days/week (M-F)

Child's Name _____ Preferred Name _____

Desired Start Date _____ Email Address _____

Child's Date of Birth _____ Age _____ Gender _____

Home Address _____ Telephone _____

City, State, Zip _____

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

Religion _____ Parish _____