Park Avenue
PRESCHOOL

Wait List Form

Today's Date: _____

Circle Class Desired:

2 Year Old 3 Day 2 Year Old 5 Day 3 Year Old 3 Day 3 Year Old 5 Day 4 Year Old 5 Day

School Year to be Enrolled: _____

Child's Name: _____ Child's Date of Birth: _____

Parent's Name _____ Phone Number: _____

Mailing Address: _____

Email: _____

Please include your nonrefundable $15 Wait List Fee with this form. (Cash or check payable to Park Avenue Preschool.) You will receive advanced notice of enrollment in which you will be able to register for classes before it opens to the public.

**We require all students to be up to date with immunizations and our students entering 3 and 4 year old classes must be potty trained.*