



The Applebee Preschool

Waiting List Form

Child's Name: _____ Birthdate: _____

Address: _____

Home Phone: _____

Mom's Name: _____ Cell Phone: _____

Email Address: _____

Dad's Name: _____ Cell Phone: _____

Email Address: _____



Preferred Start Date: ___/___/___

Preferred Schedule (please circle): **AM program** **PM Program** **Both Programs**

Preferred Days: **M** **T** **W** **TH** **F**

Flexible Days/Times: **Yes** **No**

Thank you for your interest in our program!