



Waiting List Form

Returning this form will place your child on the waiting list for First Kids Academy. Classroom spots will be given on a first come, first serve basis. We will contact you when a spot becomes available for your child. You will have 2 business days to respond before we will offer the spot to the next person on the list. **Waiting list forms expire one year from submission. You will need to contact us to renew.**

Child's Name _____

Date of Birth _____ Age on September 1, 2018 _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Mailing Address _____

Date you would like your child to start _____

Please choose how many days a week your child will attend First Kids Academy:

____ 5 days _____ 3 days(M/W/F) _____ 2 days(Tu/Th)

Please choose the after school care option that best fits your needs:

____ 3:30 p.m. _____ 4:15 p.m. _____ 5:15 p.m.

OFFICE USE ONLY:

Class Needed: _____

Date form received: _____

Spot Offered: _____ Spot Accepted: _____ Spot Declined: _____

Staff Member Signature: _____