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| <i>For office use only:</i> | |
| Class: | _____ |
| Start Date: | _____ |
| Reg. Fee: | _____ |

Prospective Student Contact Information/Waitlist Application

Application for Mother's Day Out Day School

_____ **Date of Visit**

_____ **Child's Name** _____ **Date of Birth** Male or Female
Circle One

_____ **Street Address** _____ **City** _____ **State** _____ **Zip**

_____ **Mother's Name** _____ **Preferred Telephone Number**

_____ **Father's Name** _____ **Preferred Telephone Number**

_____ **Preferred Email Address for Waitlist Updates**

_____ **Desired Starting Date** _____ **Previous School Attended**

Waitlist Priority Group: Faith Lutheran Church Member Sibling of Current Enrolled Child

Acknowledgement

I understand that submitting this form does not constitute acceptance into Faith Lutheran Day School. I further understand that my child must be fully "potty trained" prior to enrollment and that placement is dependent upon the availability of space in the appropriate class.

_____ **Parent Signature** _____ **Date**

How did you hear about us? _____

Notes/Desired Class at Start: _____