

Little Owl's Academy LLC

Waitlist Application

Child's First Name _____ Child's Last Name _____

Child's Date of Birth _____ Child's Gender F / M

Referred By _____

Which are you interested in, mark the ☐ with an **X**?

☐ Summer Camp; Days requested (Circle All That Apply) for summer camp;

Tuesday Wednesday Thursday Friday

☐ School-Year; Days requested (Circle All That Apply) for school-year;

Monday Tuesday Wednesday Thursday Friday

Days available are subject to change (with notice); are you flexible with increasing or decreasing desired days? **YES / NO**

Drop-Off begins at 8:30am (no later than 9:00am) and Pick-Up ends no later than 4:30pm

Are you able to abide by the drop-off and pick-up time schedule? **YES / NO**

Parent/Guardian #1: First & Last Name _____

Homes Address _____ Employer _____

Work Address _____ Email _____

Cell/Home Phone _____ Work Hours _____

Parent/Guardian #2: First & Last Name _____

Homes Address _____ Employer _____

Work Address _____ Email _____

Cell/Home Phone _____ Work Hours _____

Has your child attended another preschool or childcare setting in the past or presently? **YES / NO**

If YES what is the reason for the separation of care/education?

Do you have any academic or developmental concerns? **YES/NO**

If YES what are they?

Do you have reliable back-up childcare for emergency and scheduled closing days? **YES / NO**

Is your child up-to-date on his/her vaccination or following a modified shot schedule? **YES / NO**

Please list any additional pertinent information regarding your child/family.

