



Waiting List Information

Date _____

Child's Name _____ DOB _____

Address _____

City _____ Zip _____ Home Phone _____

Mother's Name _____ Mother's Phone _____

Father's Name _____ Father's Phone _____

E-mail Address _____

How did you hear about our school? _____

Program (please circle) MWF TTh M-F

Extended Care (please circle) none Before Care 8-9 After Care 2-4:30

Desired Date of Admission _____

There is a \$15 non-refundable fee to be placed on the waiting list.
Please make checks payable to Rising Stars Preschool.

Office Use Only:

Date Received _____ Fee Paid _____ Check # _____