

Signature of Parent/Guardian

## **Application for Wait List**

<b>Date of Application:</b>						
Requested 1st Date of	Attendance:					
I hereby apply for en CHILD INFORMAT	rollment of my child to The ( ION	Gardner S	School.			
Child's Name						
Address:						
Birth Date:	Sex	: Male	Female	Age:	_	
Schedule: 5 days	3 days (age 2+ only)	2 day	s (age 2+ on	aly)		
Child's Name	's NameNickname:					
Address:						
Birth Date:	Sex	: Male	Female	Age:	_	
Schedule: 5 days	3 days (age 2+ only)	2 day	s (age 2+ on	aly)		
	AN INFORMATION					
	Work Phone:					
Email Address:						
Father's Full Name_						
Home Address						
Cell Phone: Work Phone:						
Email Address:						
\$200.00 (or \$300 for become available, thi	ace availability, I understand 2 or more children) non-refu s fee will be credited towards nent for my child, but confir	ndable ad the annu	ministrational registration	n fee will be ion fee. Con	collected. Should pletion of this ap	d a space

Date