



# covenant

DAY SCHOOL

## Waiting List

Child's Name \_\_\_\_\_

Name Called \_\_\_\_\_

Gender:  Male  Female Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Parent(s) Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

- Please check:**
- Covenant Member
  - Non-Covenant Member
  - Sibling enrolled in program

**Please Number in order of Preference:**

*Child must be grade level age by September 1 of enrollment year.*

- Two's Preschool 2 Day • Wed/Fri
- Two's Preschool 3 Day • Mon/Wed/Fri
- Three's Preschool 3 Day • Mon/Wed/Fri
- Four's Preschool 3 Day • Mon/Wed/Fri
- Four's Preschool 4 Day • Mon/Tues/Wed/Fri
- Kindergarten 5 Days • Monday through Friday

Parent Signature \_\_\_\_\_