

# Hope 4 Kids Preschool Center WAITING LIST FORM

**Reservation Date:** \_\_\_\_\_ **(office use only)** Please check one of the following:

Preschool Readiness (2-3 yrs.)  Preschool (3-5 yrs.)  Prek/TK (kindergarten in fall)  Summer Camp (3-5 yrs.)

Child's Full Name: \_\_\_\_\_  Undetermined

Child's Gender:  Girl  Boy  Unknown Date of Birth: \_\_\_\_\_

**Preferred Entry Date:** \_\_\_\_\_ *Please also complete the following:*

We can enroll early on the following date if that helps secure a space: \_\_\_\_\_

We can enroll no later than the following date: \_\_\_\_\_

## **PARENT/GUARDIAN 1:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell \_\_\_\_\_ Email \_\_\_\_\_

## **PARENT/GUARDIAN 2:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell \_\_\_\_\_ Email \_\_\_\_\_

## **Check all desired placements:**

5 Full Days  4 Full Days  3 Full Days If less than 5 full, list desired days: \_\_\_\_\_

Yes! We will take 5 full day enrollment if that helps guarantee a space.

## **Please check all that apply:**

Returning child  Sibling of enrolled/returning child  Foster/Adopt Family  Member Hope Community

Community member (no affiliation to H4K or Hope Community)  Friends with \_\_\_\_\_

***Please remit \$50.00 to place your child's name on the waitlist. The waitlist fee is non-refundable.***

Make checks payable to Hope 4 Kids Preschool and mail along with this form to:

Hope 4 Kids Preschool, 560 N La Cumbre Road, Santa Barbara, CA 93110, Attn: Wait List

We will contact you when a space becomes available for your child. We also encourage you to **contact us 6 to 8 weeks prior to your desired enrollment** date (or mid-May for Summer Camp) at 682-2300 or admin@hope4kidspreschool to discuss our ability to accept a Holding Fee to guarantee a space for your child. Thank you and we look forward to working with your family at Hope 4 Kids! Visit often at www.hope4kidspreschool.org.

-----OFFICE USE ONLY-----

## **Scheduled Tour Date and Tour Guide (Preschool, PSR, & Prek/Tk only):**

Date \_\_\_\_\_ Given By: \_\_\_\_\_

**Waitlist Fee Received On** \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Credit Card (*Square receipt attached.*)

**NOTES** (office use): \_\_\_\_\_