

# Gymea Pre-Kindergarten Waitlist

*Please fill out one form per child.*



Child's Name.....

Date of Birth.....

Parent / Guardian 1..... Mobile.....

Email.....

Parent / Guardian 2..... Mobile.....

Email.....

Address.....

Home Phone.....

Days of the week preferred (please circle)

First preference

Monday Tuesday Wednesday Thursday Friday

Second preference

Monday Tuesday Wednesday Thursday Friday

Are these days flexible? (Please circle)

Yes No

What date would you like care to begin? .....

Comments.....

.....

Signature.....

Date.....