

## **Waiting List Application**

Stud	lent	Inforn	nation

last name	first name		date of birth		gender	
Parent/Guardian Information			-			
First and last name		r	relation to student			
address	city	S	state/zip			
email address		p	phone #			
☐ Please put me on the wa☐ Please put me on the list  Indicate the schedule you would	for the follo	wing school year	r		20	
marcure the senedule you would	1	l Day Program	1150 10			
Half-day Program - 8:30-12:30		Full 1	Day P	rogram 8:30-3:30		
4 half-days per week 5 half-days per week		4 full days per week 5 full days per week				
	Before	and After Care				
Before school care program 7:30		After school care program 1 hour - 3:30-4:30; 2 hours - 3:30-5:30				
days per week			_ days	per week1	or 2 hours	
*Prices may change between now a submission of this form. After enro Sunflower has an open-enrollment School staff will be in touch when	olling, you wil policy. Being	l be notified of an on the waiting list	y prici t does	ng changes a mont not guarantee enro	h in advance	
Signature of parent or guardian		_date				
Signature of director			date			