



Waitlist Registration

Class Interest In	Age Required by August 31
Toddler	2
Preschool	3
Pre-k	4
Kindergarten	5

Days Needed (Please circle)						
M	T	W	TH	F		
I can start with fewer days					YES	NO
My days are flexible					YES	NO
I am looking to start					Now	Fall
Other please specify						

Child's Information					
Child's Name	Last	First	Middle	Name Used	Birthdate

Parent's Information (Primary Contact)			
Child's parent/guardian's name	10 digit phone number	10 digit alternate phone number	email address

Previous Childcare Experience

How did you hear about us?			
Lake Washington Preschool Night	Website/ Web search	Current Family	Other please specify:

For Office Use Only	
Date Received:	Date Contacted:
Notes:	