

WAITLIST FORM

Child's Name:	Birthdate:	Sex: M 🗆 F [
Parents' Names:		
Address:		
City:	Postal Code: Home Phone:	
Cell Phone:	Email:	
1st of the calendar ye	Brentwood Preschool: We accept completed waitlist forms for ear your child turns 2 years old. Registration for the 3-year-old pendar year your child turns 3 years old.	, ,
How did you hear abo	out us?	
PRIORITY WAITLIST		
your child turns 2 for turns 3 for those regis	e when registration begins in November. Registration begins in those registering for the 3-year-old program or in November of stering for the 4-year-old program.	the calendar year your child
Any	forms received after November 1 st will be added to the New F	family Waitlist.
	ST : Child currently has a sibling registered at Brentwood Presch next calendar year. Children of current teachers also fall under	•
Name and class of sib	ling currently enrolled:	
enrolled. Children wh	ST : Child has a sibling who has previously attended Brentwood lose parents who are former students (Legacy) also fall under thor parent that previously attended Brentwood Preschool:	•
Name:	Year(s) Attended:	
Please note that the V	Vait list is compiled on a first come first serve basis. Your email	