



ANDERSON PREP PRESCHOOL

Date Submitted: _____

Time: _____

Wait List Application

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Last Name	First Name	MI	DOB
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Home Address	City	State	Zip
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Child Resides with Whom	Language Spoken at Home	E-mail
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Mother's Name	Mother's Address (If Different)	Marital Status
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Mother's Home Phone	Mother's Cell	Employer
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Father's Name	Father's Address (If Different)	Marital Status
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Father's Home Phone	Father's Cell Phone	Employer
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Special Education Needs/ Services Needed

\$65 Non-Refundable Application Fee	
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Paid Check #/Cash/Credit Card

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

