

Preschool of the Arts

11 Science Ct. Madison, WI 53711 (608) 233-1707

2011-2012 Waiting List Application

E-mail: _____

Child's Name: _____

DESIRED STARTING DATE: _____

School District: _____

DATE OF BIRTH: _____

Parent 1 Name: _____

Parent 2 Name: _____

Parent 1 Address: _____

Parent 2 Address: _____

Parent 1 Home Phone: _____

Parent 2 Home Phone: _____

PROGRAM CHOICE

INDICATE DAYS OF ATTENDANCE

BASED ON AGE AS OF 9/1/2011		M	TU	W	TH	F
TODDLER (18-24 MOS.) FULL DAYS ONLY 3 or 5 days/wk	Full day					
		HALF DAYS NOT AVAILABLE				
2 YEAR OLD 3 or 5 days/week	Full day					
	Half day					
3 YEAR OLD 3 or 5 days/week	Full day					
	Half day					
3 - 4 YEAR OLD MIXED-AGE GROUP 3 or 5 days/week	Full day					
	Half day					
4 YEAR OLD 3 or 5 days/week *limited number of spots for 3 days a week	Full day					
	Half day					
SPANISH CLASS 3-4 YEAR OLD MIXED AGE GROUP 3 or 5 days/week	Full day Half day					
Completed K-1st (Summer Only) 3 or 5 days/week	Full day Half day					

EXTRA SERVICES INDICATE DAYS NEEDED

REFER TO THE ATTACHED RATE SHEET FOR COSTS		M	TU	W	TH	F
BEFORE SCHOOL 7:30 - 8:00	\$					
AFTER SCHOOL 3:30 - 5:30	\$					

If registering for 3 day a week, are you able to be flexible as to what days your child attends PSA?

_____ YES _____ NO

Thank you for your application. We will contact you if an opening becomes available.

For Office Use Only

Date Waiting List App. Received _____