

Wittenberg Lutheran Preschool Program Waitlist Form



Waitlist conditions and expectations

- Siblings of children currently enrolled in WLPP (preschool or afterschool) will receive priority on the wait list.
- Children whose parents are members of Wittenberg Lutheran Church will receive priority on the waitlist.
- Applicants are accepted on a first come, first serve basis.
- Families will be added to the waitlist on the day that this **fully completed form** is submitted to the director.
- When space opens up in the program, an initial email will be sent with registration details along with a follow up phone call. **Families have 24 hours to respond and accept the spot.** If there is no response, WLPP will move on to the next family on the waitlist.

Please submit completed forms to the director. This may be done in person at the church or through email at wittenberglutheranpreschool@gmail.com.

Child's Information

Full Name: _____ Date of Birth: _____
Address: _____ Gender: Male Female

Parent Information

Full Name: _____ Phone number: _____
Email Address: _____ Alt. Phone number: _____

Questions

What type of care do you need?

- | | | |
|--|--|--|
| <input type="checkbox"/> Preschool full time | <input type="checkbox"/> Preschool half time | <input type="checkbox"/> Preschool two day |
| <input type="checkbox"/> Afterschool full time | <input type="checkbox"/> Afterschool two day | <input type="checkbox"/> Afterschool drop in |

How did you hear about our program?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Search Engine | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other (Please specify) _____ | |

Please see other side to complete form

Do you require the use of the SC Voucher program?

Yes

No

By signing below you are acknowledging that your child has been added to the waitlist. Your child is not enrolled until you have been invited to fill out all required information for the registration process.

Caregiver Signature: _____ Date: _____

