



Waiting List Form

Child

Last Name _____ First Name _____ Male Female

Birth Date (Month/Day/Year) ____/____/____ **NEW FAMILIES:** Copy of birth certificate required

Address _____ City/State/Zip _____

Mother:

Last Name _____ First Name _____ Email _____

Home () _____ Cell () _____ Work () _____

Father:

Last Name _____ First Name _____ Email _____

Home () _____ Cell () _____ Work () _____

Are you an Active Parishioner of St. Thomas the Apostle Parish? Yes No **(attach verification form)**

Active Parishioner of another Diocese Parish? Yes No **(attach verification form)**

Are you a St. Thomas Alumni? Yes No

Referred to St. Thomas Preschool & Kindergarten By: _____

School Year: 2019-20 2020-21 2021-22

Program you are interested in (please check one)

- Toddler (2 year olds) 9:00am – 12:00pm 2 Days 3 Days 4 Days 5 Days
- Preschool (3 year olds) 9:00am – 12:00pm 3 Days 4 Days 5 Days
- Pre-K (4 year olds) 9:00am – 2:00pm 4 Days 5 Days
- Kindergarten (Must be 5 years old by October 15th) 9:00am – 2:00pm

Extended care hours available from 7:30am – 9:00am and after your program ends until 5:00pm.

Parent / Legal Guardian Signature: _____ **Date:** _____

Office Use Only: Date Rec'd _____	Cash/Check # _____	Initials _____
School Year _____	Program _____	Date of Tour _____ By _____

<input type="checkbox"/> RED
<input type="checkbox"/> YELLOW
<input type="checkbox"/> GREEN