

Date _____



ECC Waitlist Application

Parent/Guardian's name _____ cell _____

Email _____

Child's name _____ date of birth _____

❖ When would you like to start at St. Ambrose ECC? _____

Are you (circle all that apply): yes _____ no _____

Current St. Ambrose School family St. Ambrose Church /School employee

St. Ambrose Church parishioner St. Ambrose School Alumni

Enrollment is open to all. However, priority placement is given to the above affiliations.

For office use only:	
Date contacted:	Signature:
Notes	
Date contacted:	Signature:
Enrolled yes ___ no ___	
Comments	