

Date Received: _____

To be filled in by Preschool Personnel

Corvallis Primary School Preschool Waiting List Application

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

School year you would like to enroll your child: _____

Child's age on September 10th of that year: _____

Time for the three year old class is:

Monday, Tuesday, Thursday, Friday

a.m. 8:30-11:00

Time for the four year old class:

Monday through Thursday

p.m. 12:30-3:00

Please list any concerns you have regarding your child's development:

- ❖ Because of our extensive waiting list, we cannot guarantee an opening in the preschool. If a slot is available, you will be contacted by May 30th of the year preceding your child's enrollment.