

Shandon Weekday School

WAIT LIST

Wait List status is dependent upon time and date stamped upon receipt of the applicable forms and a non-refundable \$50 application fee. Wait List preference is given to current students, siblings of current students, and children of SWS employees. A current student is considered a child who is presently enrolled in a program with no past due account balance.

If your child is wait listed and you are notified of an available enrollment option and wish to guarantee acceptance, you will have one business day to accept the offer and given two business days thereafter to submit a non-refundable \$165 application fee. Tuition will be billed according to the published fee schedule in effect at the time of acceptance. Tuition is billed from the applicable start date.

Parents may elect to remain on the Waiting List. **First Deferral** allows the student to remain in place. **Second Deferral** drops a student to the bottom of the Wait List. **Third Deferral** results in the student's removal from the Wait List. SWS bears no responsibility for invalid contact information.

Important Notes:

1. Each family is responsible for notifying Shandon Weekday School of any contact information changes.
2. If a family has more than one child on the waiting list and one of the children gets into the program, **the family is responsible for notifying Shandon Weekday School to update the forms for the children still on the waiting list to reflect priority status and date achieved.**
3. If a child gets into SWS from having priority through a sibling who is already attending, that sibling must still be in attendance when the newly admitted child begins the program; otherwise priority is nullified and the space forfeited.
4. **Keep this page and any cancelled checks for your records.**

SWS does not discriminate on the basis of race, color, religion, gender, or national origin.



Waiting List Form www.ShandonPresCDC.org

| | | |
|------------------------|---|--|
| SCHOOL USE ONLY | } | Received on: _____ Time: _____ By (Initials): _____ |
| | | Check #: _____ Check Amount: _____ Confirmed by: _____ |

Waiting List Fees: Each child placed on the SWS waiting list requires payment of a non-refundable **\$50 fee**.

Upon offer of a space, the space(s) must be accepted within **1 business day, and the non-refundable registration fee outlined above must be submitted within 3 business days**. Non-responses to offers will be considered a declination of the space offered.

Families who accept a spot but cannot begin attending when the space is available (an infant who is not yet, for example, 8 weeks old) must begin paying regular weekly fees to hold the spot.

| | | | |
|---------------------------------|---|--|---------------------------|
| Parent Name: | Parent Name: | Child's first name: | Child's last name: |
| Phone for above parent: | Phone for above parent: | Due Date / DOB: | |
| Any other phones? | Any other phones? | Do you have this same child or another child on another waiting list? If yes, Name: _____ DOB: _____ | |
| Mailing Address (including zip) | ____Check here if you prefer to wait until BOTH children can get into the program before being offered spots. | | |
| Email Address(es) PRINT CLEARLY | | | |

I would like to place my child on the following list(s):

| | |
|--|--|
| | Full Day Preschool (Infants-4K, 7:30AM-6:00PM, Year-Round) |
|--|--|

OR

| | |
|--|--|
| | School-Age Year-Round |
| | School-Age School Year Only |
| | School-Age Summer Only "Summer Discovery" |

School-Age Families: What public or private school does your child attend? _____ Grade? _____
If we have no room on our bus, are you willing to self-transport until a space is available? _____

| | |
|-------|---|
| TWINS | <p>____I prefer my TWINS to be placed in the same class at the same time; I don't want to be offered a space unless this is possible. I'll stay on the waiting list.</p> <p>____If a space becomes available for only one TWIN, not both, please call me. My other twin will remain on the list until there is room, and this twin will get priority from the first twin.</p> |
|-------|---|

How did you hear about us? _____

| | | |
|--|-----|----|
| PRIORITY: Blank boxes are considered "No." | YES | NO |
| Do you currently have a child enrolled in our center? Name: _____ DOB: _____ * | | |

We will contact you when a space becomes available. Your **signature below** indicates you have read and understand our enrollment procedures, attached. Your cancelled check is your receipt. **Please keep your cancelled check.**

PARENT SIGNATURE

TODAY'S DATE

| |
|--|
| <p>OFFICE USE ONLY:</p> <p>_____ Date of Deferral #1: allows student to stay in place</p> <p>_____ Date of Deferral #2: drops student to bottom of list</p> <p>_____ Date of Deferral #3: student removed from list</p> <p>IF PRIORITY, SINCE (date): _____</p> |
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