

{Office Use Only}

Wait List Application Acceptance Date: _____ Acceptance Time: _____ # _____



Early Learning Center

334 8th AVE. N.

JACKSONVILLE BEACH, FL 32250

904-249-0124

WAIT LIST APPLICATION

Please print clearly

Child's Name: _____

(Last)

(First)

(Middle)

(Known As)

Child's Birth Date: (mm)____/(dd)____/(yyyy)_____ Gender: _____

Class entering for 2024-25 school year:

18 Months

Twos

Threes

VPK

Schedule Interest (select all that apply):

T/TH 9:00 a-1:00 p

M/W/F 9:00a-1:00 p

M-F 9:00 a-1:00 p

T/TH 7:30 a-5:15 p

M/W/F 7:30 a-5:15 p

M-F 7:30 a-5:15 p

VPK Only 9:00 a – 12:00 p

Mother/Guardian Name: _____

Cell #: _____ Home #: _____

Email: _____

Father/Guardian Name: _____

Cell #: _____ Home #: _____

Email: _____

Other information: _____

Parent Signature: _____ **Date:** _____

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Contact attempt 1 Date: _____ Method: _____ Response: _____

Contact attempt 2 Date: _____ Method: _____ Response: _____

Notes: _____