ST. GABRIEL PRESCHOOL WAITING/RESERVATION LIST

Parent Name:

Address:

City: State: Zip Code:

Phone:

Email:

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| --- | --- | --- | --- |
| **Child’s Name** | **Birthdate** | **Program Desired**  (3’s, Pre-K, JK) | **Preferred Start Date** (ASAP, Fall, Summer, date) |
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Do you currently have a child enrolled at St. Gabriel Preschool? Yes No

Child’s Name: Current program:

Do you currently have a child enrolled at St. Gabriel School? Yes No

Child’s Name: Grade:

Is your child currently enrolled in a preschool/childcare program?

If so, where?

Enrollment Applications will be emailed to all interested parties mid-December each year.

Preschool enrollment will open on January 1st for current St. Gabriel families.

Preschool enrollment will open on February 1st for new families.

Acceptance/Waitlist letters will be emailed within 10 business days of receipt of Enrollment Application.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_