



Wait List Application

Date (MM/DD/YYYY): _____ **Time:** _____

Parent/Guardian Contact Information:

Name(s): _____

Phone #: _____

E-mail: _____

Child's Information:

Child's Name: _____

DOB (MM/DD/YYYY): _____

Is your child toilet trained? _____

Days of the Week Requested:

- Monday
- Tuesday
- Wednesday
- Thursday

Anticipated Start Date (MM/DD/YYYY): _____

Mountain Ridge Academy will contact you via phone and/or e-mail should a space come available. Please ensure we have up-to-date contact information. 48 hours will be given to decide whether or not the spaces offered will be accepted. Please note that children must be 30 months to school age and be toilet trained to join our program.