

Pasitos School, LLC
School Age Waitlist Request Form

Child's Name: _____ DOB: _____

Parent's/Guardians' Names: _____

Address: _____

Phone Number: _____ Email: _____

Allergies: _____

How did you hear about our school? _____

Name of sibling(s) currently attending: _____

Placement Request: (please circle the days/times)

Mon.	Tue.	Wed.	Thurs.	Fri.
AM (7:30-9:00)	AM (7:30-9:00)	AM (7:30-9:00)	AM (7:30-9:00)	AM (7:30-9:00)
Mon.	Tue.	Wed.	Thurs.	Fri.
PM (3:00-5:30)	PM (3:00-5:30)	PM (3:00-5:30)	PM (3:00-5:30)	PM (3:00-5:30)

Request Start Date: _____

Please include a \$50 waitlist fee (check/online) made payable to Pasitos School LLC.
Thank you!

-----School use Only-----

Payment received on: _____

Priorities: _____

Comments: _____