



AUDACY

CREATIVE ARTS PRESCHOOL

Date of Application

WAITING LIST APPLICATION

Child's Name: _____

Birth Date: _____

Address: _____

Parent/Guardian: _____

E-Mail Address: _____

Phone Numbers: _____

Preferred Start Date: _____

Enrollment Option: Full Time Part Time (M, W, F) Part Time (T, Th)

You may notify us anytime before you are offered an opening of changes in choice of enrollment options or preferred start date. Please also remember to notify us of changes in your phone numbers and/or address. Call ACAP at 843-637-3135 or email Cheryl Bennett at audacycap@yahoo.com if you have questions about this form.



AUDACY

CREATIVE ARTS PRESCHOOL

Date of Application

WAITING LIST APPLICATION

Child's Name: _____

Birth Date: _____

Address: _____

Parent/Guardian: _____

E-Mail Address: _____

Phone Numbers: _____

Preferred Start Date: _____

Enrollment Option: Full Time Part Time (M, W, F) Part Time (T, Th)

You may notify us anytime before you are offered an opening of changes in choice of enrollment options or preferred start date. Please also remember to notify us of changes in your phone numbers and/or address. Call ACAP at 843-637-3135 or email Cheryl Bennett at audacycap@yahoo.com if you have questions about this form.