

**AUDACY**  
CREATIVE ARTS PRESCHOOL

Date of Application

**WAITING LIST APPLICATION**

**Child's Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

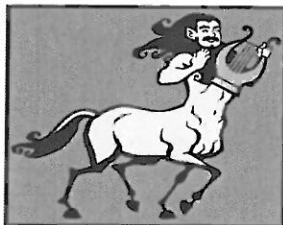
**E-Mail Address:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Preferred Start Date:** \_\_\_\_\_

**Enrollment Option:**     Full Time     Part Time (M, T, W)     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.*



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