



AUDACY
CREATIVE ARTS PRESCHOOL

WAITING LIST APPLICATION

Date

Child's Name: _____

Birth Date: _____

Parent/Guardian: _____

E-Mail Address: _____

Phone Number(s): _____

Preferred Start Date: _____

Enrollment Selection

Twelve-Month

- 5 Day+: M-F
- 3 Day+: M, W, F
- 3 Day: M, W, F
- 2 Day: T, Th

Ten-Month

- 5 Day+: M-F
- 3 Day+: M, W, F
- 3 Day: M, W, F
- 2 Day: T, Th

*[Includes contract art classes.]

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 email address. Call ACAP at 843-637-3135 or email Cheryl Bennett at audacycap@yahoo.com if you have questions about this form.