

Summit County Preschool
Wait List Information Sheet

Date Called _____ Time Called _____ Staff Name _____

Child's Name _____

Date of Birth _____ Due Date _____
(M/D/Y) (M/D/Y)

Parent's Names _____

Phone #'s (Parent 1) _____ (Parent 2) _____

E-Mail Address _____

Live and or work in Frisco/Copper (Yes) _____ (No) _____

Work for the Town of Frisco (Yes) _____ (No) _____

Status:

_____ Current Board Member
_____ Potential Board Member
_____ Siblings currently enrolled
_____ Siblings Names _____
_____ Social Services Referral (Emergency Care)

Requested Start Date _____ Tuition Rate _____

Days Requested:

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

Other _____

Entered On _____ by _____
(M/D/Y) (Staff Name)