

WAIT LIST APPLICATION

Unity School, Inc., 580 N. Garden Way, Eugene, OR 97401
(541) 484-0107 Fax (541) 484-6944 www.unityschooleugene.org

Today's Date ____/____/____ Requested Start Date ____/____/____

Childs Name: _____ Birthdate ____/____/____ Sex: M F

Childs Name: _____ Birthdate ____/____/____ Sex: M F

Address: _____ City _____ State _____ Zip _____

Parent/Guardian Name: _____ Relationship: _____

Work Address _____ Hm phone: _____

Email _____ Wk phone: _____

Parent/Guardian Name: _____ Relationship: _____

Work Address _____ Hm phone: _____

Email _____ Wk phone: _____

Program: Preschool Toddler Afterschool Before/Afterschool

Requested Schedule for Toddler - Preschool: _____

Requested Kindergarten Schedule: _____ Transportation

Name of School: _____

Requested School Age Schedule: _____ Transportation

Name of School: _____

Parent/Guardian Signature: _____

A tour is the first step to enrolling your child:

Have you had one yet? NO YES When _____

There is a \$40 nonrefundable waiting list fee plus a \$10 nonrefundable wait list fee per additional sibling required with the submittal of this form to Unity School, Inc.

Office Use Only

Date Received: _____ Received by: _____

Payment Received: _____ Cash Check Credit Card