

# WAIT LIST APPLICATION

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

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_

**There is a \$25 nonrefundable Waiting List Fee required with the submittal of this form to Unity School, Inc.**

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Office Use Only

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Payment Received: \_\_\_\_\_  Cash  Check  Credit Card