



**Saint Paul Early Education
Danvers, MA 01923**

Wait List Form

Parent Name 1: _____
Cellphone: _____
Email Address: _____

Parent Name 2: _____
Cellphone: _____
Email Address: _____

Child's Name 1: _____
DOB _____
Desired Schedule _____
Preferred Enrollment Date (month & year) _____

Child's Name 2: _____
DOB _____
Desired Schedule _____
Preferred Enrollment Date (month & year) _____

A non-refundable fee of **\$25** per child is required with this completed form in order to have your name placed on the Waiting List. If spots open and you choose to enroll \$75 will be non-refundable registration fee. This will cover \$100 registration fee.

This wait-list fee does not guarantee enrollment. The Saint Paul Early Education will contact you when an appropriate space is available. At that time, we will arrange for you to visit the program. After your visit you will be given **1-4 weeks** to decide if you wish to enroll.

Refusal of a particular spot in a program **DOES NOT** jeopardize your position on the Waiting List. When the next space opens, we will call you again unless you request otherwise.

The Waiting List is maintained in age groups according to the date of pre-registration. Your child will automatically be moved up in age groups as your child increases in age.

Please feel free to call to check on your status on the Waiting List and/or our best predictions for future openings.

Please let us know if you find alternative care and would like your name removed from our waitlist. It might help someone else get the care they need sooner.

Waitlist Fee Deposit Amount (*check only*): _____
(Non-refundable)

Parent Signature

Date

Director email: katyhayat@stpaulearlyeducation.com

Contact Number: 857-272-9129

Mailing address: Saint Paul Early Education
130 Sylvan St. Unit 2 Danvers, MA 01923