



Preschool Waitlist Form

Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail Address _____ Phone # _____

Student Information:

First Name _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____

Desired Start Date (mm/yyyy) _____

AJCC Member AJCC Non-Member

Please return this completed form with a **non-refundable** Waitlist Fee of \$50 per child. Insert your payment information below.

<input type="radio"/> Credit/Debit Card		<input type="radio"/> Check (Must Be A Physical Check)	
Name as it appears on Card _____			
Card Number _____			
Expiration Date _____	CVV Security Code _____	Zip Code _____	
Card Type _____			

Terms and Conditions:

I understand that the \$50 Waitlist fee is non-refundable and does not guarantee my child a place in the program.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date