



Elsass Academy
North Central
waitlist

Today's Date: _____

Child's Name & Birthday: _____

Parents' Name(s): _____

Hopeful Enrollment Date: _____

Address: _____

Home Phone Number: _____

Cell or Alternate Phone: _____

Mom's Email: _____

Dad's Email: _____

- I understand that the \$100.00 Waitlist Fee is non-refundable and will apply to my first full month's tuition.
- I understand that when I am contacted and decide that I do want the spot I will be asked to make a Credit Card payment for 1/2 of the first full months tuition minus the \$100.00 I have already put down as my waitlist fee. **Until this payment has been made my spot is not reserved.**

Signature _____

Date _____

For Of-



Fee Use Only:
\$100.00 Waitlist

Fee: Check # _____ Cash _____ Credit Card _____

Entered in computer: _____

Child's Classroom _____