



WAITLIST FORM

Arlington Heights Elmhurst Geneva Glenview Highlands Hinsdale
LaGrange Naperville South Naperville St. Charles Western Springs Wheaton

Please indicate location: 1st choice _____ 2nd choice _____

We would like to be added to the waitlist:

___ 5 days per week

___ 2 or 3 days per week, preferably:

___M ___T ___W ___Th ___F

___ I am flexible in days selected

Preferred Start Date _____

We are: ___ a currently enrolled family ___ a returning family ___ a legacy family ___ a new family

Child's Name _____ Birthdate _____ Gender _____

Child's Home Address _____

Parent/ Guardian's Name _____ Employer _____

Primary Phone _____ Primary Email _____

Parent/ Guardian's Name _____ Employer _____

Secondary Phone _____ Secondary Email _____

- * If my child has not been enrolled, I wish to be removed from the waitlist on _____ (date).
- * We will advance your child on the waitlist as he or she ages up to the next age appropriate classroom.
- * When a space becomes available, we will contact you. We will then hold your child's place for 14 days from the day the availability occurs. You may defer your start date up to 14 days from the offered available start date.

I understand that completion of this form does not guarantee enrollment at Kensington School.

Signature: _____ Date: _____

Office use only: received date _____ initials _____