

## WAITLIST FORM

Arlington Heights Hinsdale South Naperville		Geneva Lincoln Park Western Springs	Naperville	0
Please indicate location:	1 <sup>st</sup> choice	2 <sup>nc</sup>	choice	
	5 days per =2 or 3 daysM	e added to the waitlist: week  per week, preferably: _TWThe le in days selected		
Preferred Start Date				
We are: a currently e	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	P1	rimary Email		
Parent/Guardian's Name		Empl	loyer	
Secondary Phone	Se	econdary 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:				