

WAITLIST 2021-2022

Children must be two years old on or before preferred start date.



13340 HAYFORD WAY SAN DIEGO, CA 92130

PHONE: (858)481-7933 FAX (858)436-1375

E-MAIL: CVPS@GRACEPOINTSD.COM

WWW.CVPRESCHOOL.ORG

Child Information

Last Name		First Name	MI	Preferred First Name
Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	Allergies		
Does ALLERGY require use of epi-pen or other emergency medication? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Parent/Guardian Information

Last Name	Name	MI	Relationship to Child
Email Address			Phone
Address	City	Zip Code	

What is your preferred method of communication? E-Mail Phone

Preferred Schedule

<small>If you are interested in FIRST available, please let us know.</small>		
Days <input type="checkbox"/> 5 Day Monday-Friday <input type="checkbox"/> 3 Day Monday-Wednesday-Friday <input type="checkbox"/> 2 Day Tuesday-Thursday	Hours <input type="checkbox"/> Half Day 8:30am-12:30pm <input type="checkbox"/> Full Day 8:30am-3:00pm <input type="checkbox"/> Extended Day 7:30am-5:30pm <small>*very limited space</small>	Add-On * won't be offered at this time <input type="checkbox"/> Early Morning Drop Off 7:30am-8:30am <input type="checkbox"/> Late Afternoon Pick Up 3:00pm-4:30pm

Are you interested in a second choice of preferred schedule (please write days & hours): _____ preferred start date for your child? _____

Is your child currently attending another child care center or preschool? Yes No

Do you have a child currently attending CVPS? Yes No Are you a member of Grace Point Church? Yes No

Is your child potty trained? Yes No Will your child be fully potty trained prior to your preferred start date? Yes No

How did you hear about our preschool? Internet Website Recommendation from current/previous family

By submitting this form with my preferred start date for my child, I understand that openings are offered as they become available. _____(initial) I understand that am not guaranteed enrollment for this current school year. _____(initial) I understand that if I am not offered enrollment for this current school year, this waitlist submission will not roll over. _____(initial) I understand that Carmel Valley Preschool will only hold an offered spot for 48 hours. If I do not confirm that I am accepting the offered space within 48 hours, I will lose that offered space. _____(initial) I understand I need to contact Carmel Valley Preschool immediately with any changes to any of the above in order to keep this form active. _____(initial)

Parent/Guardian Signature

Date

OFFICE USE ONLY

Waitlist Form Date Received: _____ Offered Date: _____ Decline/No Answer within 48 hours Date: _____

Continue on Waitlist Date: _____ Withdrawal from Waitlist Date: _____