



Waitlist Request Form

Child's Name: _____ DOB: _____

Parents'/Guardians' Names: _____

Address: _____

Phone Number: _____ Email: _____

Allergies: _____

Name of sibling(s) currently attending: _____

How did you hear about our school? _____

Placement Request: (please circle the days/times)

| Mon. | Tues. | Wed. | Thurs. | Fri. |
|-------------|--------------|-------------|---------------|-------------|
| AM | AM | AM | AM | AM |
| Full day | Full day | Full day | Full day | Full day |

Program: IYoung Explorers (24-36 months) IPreschool (2y 9mo-Kinder)

Requested Start Date: _____

Please attach \$80 waitlist fee in form of a check made to Pasitos and drop it off or mail it to:
West Location: 801 Hibiscus Ln., San José, CA 95117
Central Location: 102 Sonora Ave., San José, CA 95110

-----School Use Only-----

Payment received on: _____

Priorities: _____

Comments:

Pasitos School Waitlist Receipt

Thank you for submitting your waitlist application and fee for Pasitos Preschool.

We will notify you as soon as space becomes available. Please feel free to contact us at anytime to discuss changes in your enrollment request or to discuss other questions relating to your child's development.