



Waitlist Application

A nature centered learning community that fosters collaboration and a celebration of childhood

Today's Date: _____ DOB: _____

Child's Name: _____ Age: _____

Birthdate: _____ Male Female

Child's address: _____

Parent's Name: _____

Home phone: _____ Work: _____

Email: _____

Parent's Name: _____

Home phone: _____ Work: _____

Email: _____

Please indicate choice of enrollment:

- 12-month schedule (child will attend year-round)
- 10-month schedule (child will not attend during the months off June and July)

Will child attend 5 days 3 days 2 days

Part-time options are only available for toddler two and multi-age children

Desired Enrollment Date: _____

Why are you interested in enrolling at The Highlander School? How do you connect with our core values? (Use the space below to answer the question and the back of the paper if necessary)

1212 McPherson Ave, Atlanta, GA 30316 thehighlanderschool.com

Thank you!