

Date Received in Office \_\_\_\_\_

**Waiting List Form**  
**St. John's UCC Preschool**  
**606 N. 5<sup>th</sup> St.**  
**Vincennes, IN 47591**  
**812-882-2720**

Child's Name

Child's Birthday (mm/dd/yyyy)

 /  / 

Address

Mom's Name

Cell#

Dad's Name

Cell#

Home Phone

Year requested for August – May

Class

Session

(3 year old Caterpillar / 4 year old Butterfly)

(Morning / Afternoon)

(Child must be 4yrs old on or before August 1<sup>st</sup> to enter 4yr old class)

**Non-refundable registration fee due February of the year you will begin.**

**Important: Fill out and save the completed PDF form (use menu File - Save) then email the saved file to: [stjohnsuccpreschool@gmail.com](mailto:stjohnsuccpreschool@gmail.com) or print the saved form and mail to : Attn: Preschool, St. John's UCC, 606 N 5th St, Vincennes IN 47591.**