



Waitlist Form

Child's Name: _____

Gender: _____

Child's Date Of Birth: _____

Anticipated Start Date: _____ Date Of Tour: _____

Location:

80 Riverside Blvd, New York:

- WEST 63RD : INFANTS _____ TODDLERS _____ (ONLY FULL TIME SCHEDULE)

WEST 64TH : PRESCHOOL . HOW MANY DAYS: _____ PART-TIME OR FULL TIME: _____

166 West 97 street, New York:

-WEST 97TH INFANTS _____ TODDLERS _____ (ONLY FULL TIME SCHEDULE)

Information

Name: _____ Phone Number: _____

Email: _____

How did you hear about us: _____

Do you Speak French? _____

Would you like to receive our Monthly Newsletters: _____

