



Eagle County Schools
Early Childhood Programs
Waitlist Application – 2019-20

Today's date: _____

Child's legal name: _____

Child's date of birth: _____

Gender: Male Female

Parent(s)/Guardian(s) Name

Phone number for Parent/Guardian

Parent(s)/Guardian(s) Name

Phone number for Paren/Guardian

Mailing Address

Work Phone Number

City State Zip Code

Email address

Primary language the child speaks at home: _____

Which preschools are you interested in?

- RSES (Vail) AES (Avon) HPS (Eagle-Vail) EES (Edwards) JCES (Edwards)
 BCES (Eagle) EVES (Eagle) GES (Gypsum) RHES (Gypsum)

Which Infant/Toddler Program would you like your child to attend? (if applicable, only for children under the age of 3)

- Infant/ Toddler program @ JCES (Edwards) Infant/ Toddler program @ EVES (Eagle)

Circle your preference:

Schedule Days: M T W TH F Half Day Full Day Extended Day- until 5:00pm

Preferred Start Date: _____

Any additional information you want us to know about your child: _____

I certify that the information above is true. I understand that the information in this application will be used to establish my child's place on the waitlist for the 2019-2020 program year. I will be required to fill out an additional enrollment application and submit required paper work with five (5) days of the date notified of an opening for my child to attend the center and my child will not be able to attend until all forms have been submitted.

Parent/Guardian Signature: _____ Date: _____

Please return the Waitlist Application to Preschool Director or:

Mail: ECS Early Childhood PO Box 4212 Eagle, CO 81631
In Person: 960 Chambers Ave, Suite A-203 Eagle, CO 81631

For more information call (970)328-3942