



# Lakeway Church Christian Preschool WAITLIST APPLICATION

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Boy                      Girl

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Are you a current member of The Lakeway Church? \_\_\_\_\_

Do you have children currently attending LCCP? \_\_\_\_\_

Do you have children that have attended LCCP in the past? \_\_\_\_\_

*\*I acknowledge that LCCP no longer accepts exemptions from immunizations for  
Reasons of Conscience. Parent/Guardian Initial: \_\_\_\_\_*

*\*I understand that my child's wait list application is not complete until LCCP staff  
have received the \$25 wait list fee (Cash or check only)  
Parent/Guardian Initial: \_\_\_\_\_*

Thank you for your interest in The Lakeway Church Christian Preschool. We are very excited that you are thinking of enrolling your child in our program. There is a \$25 non-refundable fee per child to add your child's name to the LCCP waiting list. You will be contacted when a placement option is available.

We hope to welcome you into our family at Lakeway Church Christian Preschool!

FOR OFFICE USE ONLY

Date form received: \_\_\_\_\_ Check/Cash Receipt # and Amount: \_\_\_\_\_

FOR OFFICE USE ONLY				
Contact Date: _____				
Result: _____				
NR No Response	LM Left on Message	AS Another School	AC Accepted	N/W No/Stay Wait List

**Please return form to:**

Maegan Pratt, Director of Preschool Ministries  
Lakeway Church Christian Preschool  
2203 Lakeway Blvd.  
Lakeway, TX 78734  
512-261-6632  
[maegan@lakewaychurch.net](mailto:maegan@lakewaychurch.net)  
Fax: 512/261-7099