

Fia Mia Academy
Waitlist Application



Date: _____

Child's Name: _____
(First) (MI) (Last)

Address: _____
City: _____ State: _____ Zip: _____

Date of Birth (or Due Date): _____
Desired Start Date: _____

Gender:
M F

Name of Parent/Guardian #1: _____
(Home): _____ (Cell): _____
Email: _____

Name of Parent/Guardian #2: _____
(Home): _____ (Cell): _____
Email: _____

Preferred Attendance:

Full Time

Part Time (limited availability)

M-W-F T-TH

Approx. Drop Off Time: _____ Approx. Pickup Time: _____

How did you hear about us? _____

Please email this completed form to the Executive Director, Heather Wakeford,
at Hwakeford@fiamiaacademy.com to be added to the waitlist.

***Enrollment occurs on a first come, first serve basis. Submission of this form
does not guarantee placement in one of our programs. ***