



Waitlist Application

Child's Full Name:
Child's DOB:
Child's Gender: M F

Street Address:
City/State/Zip:

Mother's Name:
Mother's Phone:
Mother's Email:

Father's Name:
Father's Phone:
Father's Email:

Desired start month: June August Year:

Please mail application along with your \$100.00 deposit to:

Longmire Learning Center
2718 Longmire Drive
College Station, Texas 77845

Staff Documentation Only:

Paid Cash
 Paid Check Check #: _____ Date Paid: _____