



WAITLIST REGISTRATION FORM

THERE IS \$75.00 NON-REFUNDABLE FEES. PLEASE VENMO @SHEETAL-SASHITTAL

Today's Date: _____

Child's Name: _____ D.O.B: _____

Address: _____

Home Phone: _____

Mother's Name: _____ Cell: _____

Email: _____

Father's Name: _____ Cell: _____

Email: _____

Requested Start Date: _____ Age at Start date: _____

Days Required: _____

Any current Siblings enrolled in the program? _____

How did you hear about us? _____

Parent Signature: _____ Date: _____

For Office Use:

Waitlist Number: _____ Class: _____

Notes: _____

Director's Name: _____ Date: _____

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