

Longmire Learning Center
Wait List Application

Child's Full Name _____

Date of Birth ____/____/____

Gender (please circle) M F

Address _____

Mother's Name _____

Contact # (____)_____

Father's Name _____

Contact # (____)_____

Desired Start Month (please circle) June or August 20____

Please mail application along with your \$100 deposit to:

Longmire Learning Center
2718 Longmire Drive
College Station, Texas 77845