

First Baptist Church of Clarendon Child Development Center



WAITLIST FORM

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____
(estimated if expecting)

Parent(s) Name(s): _____

Sibling's (*currently enrolled at FBCC CDC*) Name(s): _____

Address: _____

Contact Information (please * the best number to contact)

Home Phone # _____

Mom's Cell Phone # _____

Mom's Business Phone # _____

Mom's Email: _____

Dad's Cell Phone # _____

Dad's Business Phone # _____

Dad's Email: _____

Desired Enrollment Date:

(The requested date is not guaranteed.)

Each child will remain on our waiting list for a period of two (2) years.

Office Use Only

Date Received: _____

Waiting List Fee (95\$): _____
(write check out to CDC and hand in with completed form)