

# First Baptist Church of Clarendon Child Development Center



## WAITLIST FORM

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_  
(or due date)

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: \_\_\_\_\_

Non-Refundable Waitlist Fee (\$100) \_\_\_\_\_

(write check to FBCC CDC and hand in with completed form)