

First Baptist Church of Clarendon Child Development Center



WAITLIST FORM

Today's Date: _____

Child's Name: _____

Child's (*anticipated*) Date of Birth: _____

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

Sibling's (*also on wait list*) Name(s): _____

CONTACT INFORMATION (please * the best number to contact)

Home Phone # _____

Address: _____

Name of Parent 1: _____ Relationship: _____

Parent's Cell Phone # _____

Parent's Email: _____

Name of Parent 2: _____ Relationship: _____

Parent's Cell Phone # _____

Parent's Email: _____

Interest in Montessori: yes _____ no _____

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)