

**First Presbyterian Church
Child Development Center**

Application Date _____

Enrollment Date _____

WAITLIST APPLICATION

Name of Child _____ Birthdate _____
(Last) (First) (Middle) (Preference)

Address _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____

Address _____

Phone _____

Email address _____

Mother/Guardian's Name _____

Address _____

Phone _____

Email address _____

How did you hear about CDC? _____

Church Member? _____

Sibling Enrolled? _____

Signature of Parent/Guardian _____ Date _____

- All children placed on the waiting list will remain on the list for one year. After one year, your child will be removed from the waiting list unless we have heard from you prior to the one year date.