



BUILDING • LIVES • AROUND • SOUND • TRUTH

### Waiting List Form

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Date of Birth/Due Date: \_\_\_\_\_

Available Phone Numbers:

Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Cell ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Camellia Baptist Church Member  YES  NO

Enrollment Date: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Notes: \_\_\_\_\_

ADDED TO WAITING LIST

<b>Office Use Only</b>	
_____ Infants	_____ 3 Yr Kindergarten
_____ Creepers	_____ 4 Yr Kindergarten
_____ Crawlers	_____ 5 Yr Kindergarten
_____ Climbers	_____ Summer Only
_____ CS Sibling	_____ CS Referral



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