



## Waiting List Form

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

Parent Name: \_\_\_\_\_

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

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

Camellia Baptist Church Member ☐ YES ☐ NO

Available Phone Numbers:

Home (     ) \_\_\_\_\_

Work (     ) \_\_\_\_\_

Cell (     ) \_\_\_\_\_

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

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

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

☐ Daycare (Full Day) ☐ Preschool (Half Day)

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

☐ ADDED TO WAITING LIST

___ Infants	___ 3 Year Old (1/2 Day)
___ Toddler I	___ 3 Year Old (all day)
___ Toddler II	___ 4 Year Old (1/2 day)
___ Toddler III	___ 4 Year old (all day)
___ Toddler IV	___ 5 year Old



## Waiting List Form

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

Parent Name: \_\_\_\_\_

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

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

Camellia Baptist Church Member ☐ YES ☐ NO

Available Phone Numbers:

Home (     ) \_\_\_\_\_

Work (     ) \_\_\_\_\_

Cell (     ) \_\_\_\_\_

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

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

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

☐ Daycare (Full Day) ☐ Preschool (Half Day)

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

☐ ADDED TO WAITING LIST

___ Infants	___ 3 Year Old (1/2 Day)
___ Toddler I	___ 3 Year Old (all day)
___ Toddler II	___ 4 Year Old (1/2 day)
___ Toddler III	___ 4 Year old (all day)
___ Toddler IV	___ 5 year Old