



Kingwood Christian Child Development Center

A Ministry of Kingwood Church

Wait List Application

Child's Name: _____ Child's DOB (Or Expected DOB): _____

Father's Name: _____ Mother's Name: _____

Cell Phone () _____ Cell Phone () _____

E-mail: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Is the child listed above a sibling of a child already enrolled at KCCDC? Yes No

Requested date of Enrollment? (*Subject to Age Appropriate Availability*): _____

Do you intend for your child to be enrolled Full Time or Part Time? _____

By completing this form, and submitting it with the NON-REFUNDABLE/NON-TRANSFERABLE \$85.00 fee, you have placed your child's name on KCCDC's Waiting List (\$42.50 will apply toward your child's application fee.). Completing this form *does not guarantee* placement or expected start date at KCCDC. When an appropriate position is available, we will contact you. At that time, you will be able to pick up an application for admission and begin the enrollment process. We will contact you up to three times, until the third contact is made, you may decline and remain on the waiting list. After the third contact, we will not be able to retain your child's name on the waiting list. Please contact our office if you have any questions.

Parent/Guardian Signature Date

Office Use Only:

Received _____ Amount Paid _____ Paid with Check/Card/Money Order/Smart Tuition _____
(Date/Initial)

Entered into School Minder _____ / _____
(Date/Initial) (Student ID) (Family ID)

1st Contact: _____ 2nd Contact: _____ 3rd Contact: _____
(Date/Initial) (Date/Initial) (Date/Initial)

Master in Waiting List Book Copy to Bookkeeping Copy to Head Secretary