



Kingwood Christian Child Development Center  
A Ministry of Kingwood Church

## Waiting List Application

Child's Name: \_\_\_\_\_ Child's DOB (Or Due Date): \_\_\_\_\_

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? \_\_\_\_\_

If Part Time, what three days? *(Subject to Availability)*: \_\_\_\_\_

By completing this form, and submitting it with the NON-REFUNDABLE/NON-TRANSFERABLE \$110.00 fee, you have placed your child's name on KCCDC's Waiting List (\$55.00 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 \_\_\_\_\_  
(Date/Initial)

Entered in ProCare \_\_\_\_\_  
(Date/Initial)

Amount Paid: \_\_\_\_\_ Paid with: Check/Card/Money Order/Smart Tuition/Cash

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