



Kingwood Christian Child Development Center
A Ministry of Kingwood Church

Waiting List Application
2023-2024

Requested Start Date: _____ (Subject to Age Appropriate Availability)

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

Requested Days (Subject to Availability): ____/____/____

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

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 Classroom Request 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 request list. After the third contact, we will not be able to retain your child's name on the list. Please contact our office if you have any questions.

Parent/Guardian Signature _____
Date

Office Use Only:

Received _____ Entered in ProCare _____
(Date/Initial) (Date/Initial)

Amount Paid: _____ Paid with: Check/Card/Money Order/Blackbaud/Cash

- Master in Classroom Request Book Scan to Bookkeeping & Head Secretary
- Send confirmation email to Director/Administration