

**Office Use Only**____ Sibling
____ Church Member**First Presbyterian Church
Child Development Center****Wait List Application****Child Information**Child's Name: _____ Start Date Requested: _____
Due Date: ____/____/____ **OR** Date of Birth: ____/____/____
Child's Ethnicity: _____ Gender: _____**Parent Information****Parent/Guardian Name #1**: _____ Relationship to child: _____
Home Address: _____ Cell Phone: _____

Email Address: _____
Parent/Guardian Name #2: _____ Relationship to child: _____
Home Address: _____ Cell Phone: _____

Email Address: _____**Required Additional Information**Does your child have a sibling in this program? **Yes No**
Are you/spouse a member of the First Presbyterian Church? **Yes No** If so, when did you join? _____
Are you planning to fully vaccinate your child according to the NCDHHS guidelines? **Yes No**
Are you interesting in receiving information for financial assistance or subsidized child care? **Yes No****Policies**

- The waiting pool application fee is \$75 per child. This is a processing fee and is nonrefundable.
- **Please send cash or check (payable to: FPC CDC)** to the address listed on our website. We do not accept electronic payments.
- Upon accepting a space, the CDC requires \$50 registration fee, one-month tuition, and a completed registration packet provided to you by the office staff.
- First Presbyterian Church Child Development Center does not discriminate on the basis of race, color, or national/ethnic origin in the administration of its educational policies, admission policies, scholarship programs, employment policies, personnel policies, and other school administered programs.

Parent/Guardian Signature _____ Date: ____/____/____

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Date Received: _____ Staff Recipient: _____ Cash Check # _____ Amount: _____