



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 or the WDS 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 \$100 per child. This processing fee is nonrefundable and cannot be transferred to another child.
- **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**: _____