



Office Use Only

_____ Sibling
_____ Church Member

**First Presbyterian Church
Child Development Center**

Wait List Application

Child Information

Child's Name: _____

Due Date: ____/____/____

Child's Ethnicity: _____

Date of Birth: ____/____/____

Child's Gender: _____

Parent Information

Parent/Guardian Name #1: _____ Relationship to child: _____

Email Address: _____ **Cell Phone**: _____

Parent/Guardian Name #2: _____ Relationship to child: _____

Email Address: _____ **Cell Phone**: _____

Required Additional Information

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 interested in receiving information for financial assistance or subsidized child care? **Yes No**

Payments and 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 forms of payment at this time.
- 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.

Signatures

By signing below I am agreeing to all the above policies with the understanding that my *wait list application does not guarantee placement in the CDC.*

Parent/Guardian Signature _____

Date: ____/____/____

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