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**

- **If no, the FPC CDC <u>does not</u> accept any exemption for vaccinations.**

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 **<u>cannot be transferred to another</u>** child.
- **<u>Please send cash or check (payable to: FPC CDC</u>**) 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 acknowledge and agree…

- My wait list application does not guarantee placement in the CDC.
- This application may not be transferred to another pregnancy. One wait list application is required for each child or pregnancy. A new application must be complete for any future pregnancies.

Parent/Guardian Signature _____ **Date**: _____/_____/_____

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