

Circle C CDC Waiting List Application

2010/2011 School Year

Child's Legal Name:	
Name Child Is Called:	
Birthdate: / /	Age as of Sept. 1, 2010:
Boy or Girl:	Religious Pref:

	"Mother" Parent	"Father" Parent
Name		
Address		
City, State & Zip		
Home Phone		
Employer		
Work Phone		
Occupation		
Other Phone <small>(cell, pager, etc.)</small>		
Email Address		

FEE: \$70.00 per child. This is a non-refundable fee that puts your child on the waiting list. Once your child enters the program, the \$70 fee will be applied as your first Annual Registration fee. Please make all checks or money orders payable to the Circle C CDC.

I understand all payments are 100% non-refundable if registration is canceled FOR ANY REASON.

I understand the following waiting list policy:

- 1. The first time a family declines a spot (or fails to call back), the waiting list date will be changed to the date of decline.***
- 2. The second time a family declines a spot (or fails to call back), the child will be removed from the waiting list.***

Parent Signature

Date

Part-Time: _____	Full-Time: _____	Pre-K Inclusion: Clayton / Kiker	After School: Clayton / Kiker / Southwest
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How did you hear about the CDC?

Sibling Enrolled: ____yes ____no

Circle C Resident: ____yes ____no

Office Use Only

\$70.00 WL Application fee	Paid: / /	Check #
	<input type="checkbox"/> Entered in ProCare	<input type="checkbox"/> Entered in Excel