

Shandon Presbyterian CDC Waiting List Form

School Use Only:

Received on: _____; Confirmed on: _____ By (Initials): _____
 Check #: _____; Check Amt.: _____

If you are interested in being placed on our waiting list, please fill out the information below (one form per child). **SPCDC charges a \$30 fee to be on one Waiting List. To put that child on an additional list is an extra \$15 (if you do Full Day and Half Day for instance). To place an additional child on any list is \$15. Waiting List fee is non-refundable.** Priority for placement is given to church members and siblings of children already attending our center. Placements are then determined by the date you are placed on the waiting list. If you are offered a space and decline but wish to remain on the waiting list(s), you're moved to the back and a new fee (above) is due to renew your form(s). Please let us know if your contact numbers or address changes. Your form will automatically be forwarded to the next year's list if you do not get in this year.

Please note that if a space becomes available and your child is unable to attend right away (one example would be an infant who is not yet 8 weeks old), you must begin paying tuition to hold the spot.

 Parent's Name Today's Date

 Daytime Phone # Evening Phone # Cell Phone #

 Mailing Address (Including Zip Code)

 Child's Name

 Date of Birth (or Due Date)

 Child's Current Age

PLEASE INCLUDE: **email address** (We will not share this w/ anyone... please write clearly)

I would like to be placed on the following list(s):

_____ Full Day (Infants-5K) (7:30 AM-6:00 PM) This is a Year-Round Program.
 _____ Half Day (12 Mos-5K) (9:00 AM -12:00 PM) This program is a School-Year Only Program.
 _____ Afterschool (5K Pickup-Grade 8) for...
 _____ School Year Only **or** _____ Summer Only **or** _____ Year Round

Is your child in public school? _____ If so, what school does your child currently attend? _____
 What grade is your child currently in? _____

Twins - please check one of the following options:

_____ I prefer both children to be placed in the same class, at the same time ~ or ~
 _____ please place my child in class, even if there is not room for his/her twin at this time

We will call you when a space becomes available. Your signature below indicates that you have read and understand our enrollment priorities and registration procedures.

 Parent's Signature Today's Date

We cannot place your name in our Waiting List Book unless we receive the appropriate fee with your form.

Please return your completed form and check payable to:
Shandon Presbyterian CDC, 607 Woodrow St. Columbia, SC 29205

Priority:

Are you currently a member of Shandon Presbyterian Church? _____ Yes _____ No
 Do you have a child currently enrolled at our center? _____ Yes _____ No

If yes, name of child: _____