



Wait List Application

Tour Date _____

PARENT/GUARDIAN INFORMATION			
Last Name		Last Name	
First Name		First Name	
Cell Phone		Cell Phone	
Email		Email	
CHILD INFORMATION			
Last Name		First	M.I. DOB or Due Date
Street Address			
City		State	ZIP
Home or Work Phone		Desired Start Date	Gender
SAPC Member?	Sibling enrolled? If so, name and age?		
SPCDC POLICY INFORMATION AND SIGNATURE			
<p>There will be a NON-REFUNDABLE Wait List Fee of \$100.00.</p> <p>Upon acceptance of a child's enrollment in the program, one week's tuition is due within 1 week of acceptance. Otherwise, no spot will be held and the admission process will continue. Should a spot become available, you will have to pay monthly tuition in order to save this spot for your child. This policy will hold true any age child that is on the waiting list. You may decline a space ONE time and retain your spot on the wait list. If you decline a second time, you will be moved to the bottom of the list.</p> <p>Please return completed form and wait list fee to: Selwyn Presbyterian Child Development Center 2929 Selwyn Ave, Charlotte NC 28209</p>			
Signature			Date
FOR OFFICE USE ONLY			
Date received		Notes:	
APP FEE CK/CASH			