

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	ZIP	
Home or Work Phone		Desired Start Date	Gender	Gender	
SAPC Member?	Sibling enrolled?	If so, name and age?			
SPCDC POLICY INFORMATION AND SIGNATURE					
There will be a NON-REFUNDABLE Wait List Fee of \$75.00.					
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. Please return completed form and wait list fee to: Selwyn Presbyterian Child Development Center 2929 Selwyn Ave, Charlotte NC 28209					
Signature		Date			
FOR OFFICE USE ONLY					
Date received	Notes:				
APP FEE CK/CASH					