FALL 2026 WAITING LIST FORM

FAITH CHILD DEVELOPMENT CENTER

SCHOOL YEAR 2026 – 2027
(August 31, 2026 - May 20, 2027)

Child's Name _____ Sex _____

Birth Date _____ Age (as of 9/1/2026) _____ Start Date _____

Home Address _____

City _____ State____ Zip_____ Phone #_____

Parent/Guardian_____ Email Address_____

Parent/Guardian_____ Email Address_____

Names of Siblings Registered: _____

Class Requested:

☐ Two Year Old ☐ Three Year Old ☐ Four Year Old

Class Schedules:

☐ Five Day (M-F) ☐ Three Day (M/W/F) ☐ Two Day (T/Th)
(Not available for 4 year olds)

Class Options (please indicate 1st and 2nd choice):

☐ Morning School Only (8:30 a.m. - 11:30 a.m.)
☐ Morning School with After Care (8:30 a.m. - 3:30 p.m.)
☐ Morning School with Before & After Care (7:00 a.m. - 5:30 p.m.)

If an opening for your child becomes available, you will be notified by the CDC director. The $200 registration fee must be received by this office in order to hold a place for your child. Submission of this completed form places your child on our waiting list for the Fall 2026 program only.

Signature of Parent/Guardian _____Date_____

CONTACT NOTES:

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