



# EARLY CHILDHOOD DEVELOPMENT CENTER



## WAITING LIST FORM

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<p><b>FOR OFFICE USE ONLY</b></p> <p>RECEIVED BY: _____</p> <p>DATE RECEIVED: _____</p> <p>REFERRED BY: _____</p> <p>PAID _____</p>
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PLEASE SUBMIT A ONE-TIME APPLICATION FEE OF \$60 WITH THE WAITING LIST FORM TO THE ADDRESS ABOVE

### Parent or Legal Guardians

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Due Date of Child/Birthday: \_\_\_\_\_

Sex of Child: M      F

Exact age of child as of today's date: \_\_\_\_\_

Date you would like your child to start ECDC: \_\_\_\_\_

FUMC Member?    Yes      No

