



Waiting List Form

Parent Name _____ Date _____

Address _____

Phone _____ Email Address _____

Child's Name _____ Due Date/Birth date _____

Enrollment Date Desired _____

School your child attends _____ (CBCDC offers afterschool pickup to Chapin Elementary, Lake Murray Elementary, and Chapin Intermediate)

Child's current grade in school _____

Referred by _____

WAIT LIST DOES NOT GUARANTEE A PLACEMENT SPOT WILL BECOME AVAILABLE. If placement spot for your child's birth date range becomes available, you will be contacted by phone/email, and written confirmation will follow upon accepting placement.

Please mail form, along with Waiting List fee of \$50.00 to:

**Chapin Baptist Child Development Center
PO Box 640
Chapin SC 29036**

//////////////////////////////////OFFICE USE ONLY//////////////////////////////////

Class Opening _____ Date of opening _____

Contact date _____ Response _____

Contact date _____ Response _____

Decline date _____ No Response date _____