

# \*FALL 2025 WAITING LIST FORM\*

## FAITH CHILD DEVELOPMENT CENTER

SCHOOL YEAR 2025 – 2026  
(September 2, 2025 - May 21, 2026)

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Birth Date \_\_\_\_\_ Age (as of 9/1/2025) \_\_\_\_\_ 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 1<sup>st</sup> and 2<sup>nd</sup> 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 2025 program only.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **CONTACT NOTES:**

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