

## The Growing Place

Waiting List Application

Date of applicat				
Child's Name:	(Last)	(First)	(MI)	
Birth date:	Sex:	Date (	Care Needed	
Father:			_	
Home Address:				
Cell #	Work #			
Email				
Mother:				
Home Address	(if different from abo	ove):		
	Work #			
Cell Phone:				
Email				
Has your child earlier yes, please earlier		from another child c	are center?	-
•	•	edical conditions, allo and/or services might	<u> </u>	
List other childr	en in the family (nar	nes and ages):		

Please indicate program(s) interested in: (Please Check One)
Full-time program (Hours of operation7:30a-5:30p Mon-Fri)
FT Infant Rate: \$165.00/weekFT Toddler Rate: \$165.00/weekFT Two Yr Rate: \$165.00/weekFT Three Yr Rate: \$145.00/weekFT Four Yr Rate: \$145.00/week
*Prices subject to change
*************************
Office use:fee paidck/cashreceived by
Follow up

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## Waiting List Policy

Families may place their child on the waiting list when space is not available. When an opening becomes available, priority will be given as follows:

- 1. Siblings of current children enrolled
- 2. Church member with regular attendance. Regular is defined as attending worship and/or Wednesday night activities a minimum of twice monthly
- 3. Children of FUMC employees
- 4. General Public

## Families being offered a vacancy:

- \*Will be notified by phone or email to all numbers listed on the application.
- \*Are given 24 hours to respond to offered enrollment with the options to:
  - \*Hold the spot by paying the weekly tuition rate
  - \*Decline and chose to remain on the list but move to the bottom
  - \*Decline the vacancy and be removed from the list.