

Temple Baptist School and Day Care
Waiting List Form

Child's Name _____ Birthday or Due Date ____/____/____

Parent/Guardian Name _____

Phone Number _____ - _____ - _____

Email _____

Parent/Guardian Name _____

Phone Number _____ - _____ - _____

Email _____

Please indicate your child's projected start date:

____/____/____

I, _____, understand that the waiting list fee of \$50 is non-refundable. This fee does not guarantee that a space will become available by the date indicated above. I understand that when spaces become available, I will be contacted by TBS administration. I will be given 5 business days for deliberation and response. I understand that if I decline a space at the center, I will be removed from the waiting list or I may request to be moved to the end of the list. I understand that priorities will be given to (1) TBS currently enrolled children's siblings, (2) TBS or TBC staff children and (3) the general public.

Signature

Date

How did you hear about us?

Online Search Facebook Flyer/Brochure Signs

Referred by _____