

WASHINGTON STREET UMC CHILD DEVELOPMENT CENTER
1401 Washington Street Columbia, SC 29201
Phone # (803) 254-8405 Facsimile (803) 799-5597

Application for Waiting List

Child's Name _____ Today's Date _____
Date Needed _____
Birthday or Due Date _____

Mothers Name _____ Fathers Name _____

Mailing Address _____

Home Phone # _____

Mother's Work # _____ Mother's Cell _____

Father's Work # _____ Father's Cell _____

\$30 application fee paid. Check Number _____ Cash _____

* For expectant parents---We will not move your child's waiting list form onto the Infant One list without a confirmation of birth date.

This is just a waiting list form and does not guarantee a place in our center. You will be notified when there is an opening for your child. An annual registration of \$100 will be collected at time of enrollment. *Your name will be deleted from our files if we do not hear from you at least every six months.* Priority is given to Church Members and siblings of enrolled students.

Office Use Only

Date _____ Status _____

Date _____ Status _____

Date _____ Status _____