WASHINGTON STREET UMC CHILD DEVELOPMENT CENTER

1401 Washington Street Phone # (803) 254-8405 Columbia, SC 29201 Facsimile (803) 799-5597

Please send to the attention of Felicia Yockel

Waiting List Application

Child's Name			Today's Date	
			Desired start date	
			Due Date	
			Birthday	
			Tour Date	
			Referred By	
Parent's Name				
Relationship to Child				
Business Phone				
Cellular Phone				
Email Address				
Parent's Name				
Relationship to Child				
Business Phone				
Cellular Phone				
Email Address				
\$50 Application Fee:		Money Order o not accept of		TE
* For expectant parentsV confirmation of birth date.	Ve will not move you	ır child's waiting li	st form onto the Infant One	list without a
This is just a waiting list for an opening for your child. time of enrollment. <i>Your n months</i> . Priority is given to	A non-refundable reg ame will be deleted f	gistration fee of \$1 from our files if we	00 and a \$40 supply fee wild do not hear from you at lea	ll be collected at
	(Office Use Only		
Date	Status			
Date				
Date				
Date	Status			