Waiting List Application

Buncombe Street Child Development Center

Downtown Campus
200 Buncombe St
Greenville, SC 29601
Phone 864-233-5050

Trinity Campus
2703 Augusta St.
Greenville, SC 29605
Phone 864-235-1484

Campus: DT __ TR __ Both __

Date of Contact: _____ Time: _____

Expected Enrollment Date: _____

Child's Name: _____ DOB or Expected DOB: _____

Child's Name: _____ DOB or Expected DOB: _____

Parent #1 Name: _____ Cell Number: _____

Parent #2 Name: _____ Cell Number: _____

Email: Parent #1: _____ Parent #2 : _____

Address: _____ _____ _____ _____
Street City State Zip

If parents are unavailable, call: _____

***BSUMC Member? Yes ____ No ____ *Sibling Currently Enrolled? (Name) _____**

***Sibling on Wait List (Name/DOB) _____**

***Wait List Fee is 50.00 for one child and 75.00 for a family.**
Please note: As soon as there is an opening in our centers, we will contact the next person on the waiting list. We will call the numbers that you provide (and leave a message if you can't be reached in person). If we do not hear from you within 24 hours, we will contact the next person on the list.

Signature: _____ Date: _____

CDC USE ONLY			
***Paid Wait List Fee of $50.00 for 1 child or 75.00 for a family**	**Yes**	**No**	**Check Number:**
***Information taken by:**		**Entered in HeadMaster: ___ Yes ___ No**	

Contact with Parent	**Date**	**Notes**