Waiting List Application
Buncombe Street Child Development Center



Date of Contact:		OF VELOPMENT CV			
Expected Enrollment Da	te:				
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
*Wait List Fee is 50.00 for one Please note: As soon as there is an the numbers that you provide (and 24 hours, we will contact the next page 24 hours.	opening in our centers, leave a message if you o person on the list.	we will con can't be rea	ched in pers	-	
		C USE O	NLY		
*Paid Wait List Fee of \$50.00 for 1 child or 75.00 for a family		Yes	No	Check Nun	ıber:
*Information taken by:		Entered in HeadMaster: Yes No			
Contact with Parent	Date	'	Notes		