



charlotte  
children's  
•center•

## WAIT LIST FORM

Child's name:

Date of birth:

Parent's names:

Address:

Phone #'s: Home:

Cell:

Email address:

Preferred schedule:

Preferred start date:

Thank you for your interest in the Charlotte Children's Center. Completing this form will place your child on our wait list. Please read the Center's complete waitlist policy.

For Office Use Only:

Date application received \_\_\_\_\_ Check # \_\_\_\_\_

Date slot is offered \_\_\_\_\_

Start Date \_\_\_\_\_ Schedule offered \_\_\_\_\_

Date enrollment packet received \_\_\_\_\_