



Middle River Baptist Church Child Development Center

Waiting List Form

Child's Name			Today's Date	
Parent/Guardian Name			Child's Date of Birth	
Home Phone		Home Address		
Work Phone #1	Work Phone #2	Cell Phone #1	Cell Phone #2	
Email #1		Email #2		
How do you prefer to be contacted?				
When do you need care?		Briefly explain your child's experience with child care.		

For Office Use

Initial Contact Date	Method of contact	By whom?
Second Contact Date	Method of contact	By whom?
Third Contact Date	Method of contact	By whom?
Date fee paid	Received by	Receipt #
Start Date	Date removed from list	Reason removed

Forms

<input type="checkbox"/> Enrollment Form / Financial Agreement
<input type="checkbox"/> Emergency Form
<input type="checkbox"/> Health Inventory
<input type="checkbox"/> Immunization Form
<input type="checkbox"/> OCC Parent Guide Cover
<input type="checkbox"/> Parent Handbook Disclosure

<input type="checkbox"/> B/AC - Bus Permission
<input type="checkbox"/> Toddler - Cots & Cups
<input type="checkbox"/> Baby/Toddlers - Schedule
<input type="checkbox"/> Security Code Form
<input type="checkbox"/> Asthma Action Plan
<input type="checkbox"/> Care Plan for Special Needs

Notes

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