



Culpeper Baptist Child Development Center, Inc.

318 S. West St., Culpeper, VA 22701 \* (540)825-9798 \* www.culpeperbaptist.org/cdc

**WAITING LIST APPLICATION**

**\*\*Note – If you have multiple children please complete one form per child\*\***

Date of Application: \_\_\_\_\_ Are you a current CDC family? \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

\_\_\_\_\_

Parent's Phone #: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

**Program Choice**

**Are you looking for Full-Time:**      Yes      No      If Part-Time (not available for Infants or Toddlers, Please select days:  
Monday      Tuesday      Wednesday      Thursday      Friday

I, \_\_\_\_\_, do hereby authorize Culpeper Baptist Child Development Center to add my child, \_\_\_\_\_, to the current waiting list for the program I have chosen above. Also, I understand that when I am contacted by Culpeper Baptist Child Development Center staff regarding an available space and I do not respond within forty-eight (48) hours, my child will either (1) be moved to the bottom of the current list; or (2) be removed from the list, at the discretion of the CDC's administrative staff. Your child will remain on the waiting list for twelve (12) months and will automatically be removed unless you do contact us, via email or phone, to reaffirm that you want your child to remain on the CDC waiting list.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**FOR OFFICE USE:**

Date application received & placed on list: \_\_\_\_\_ Signature: \_\_\_\_\_

Date contacted regarding available space: \_\_\_\_\_ Signature: \_\_\_\_\_

Communication comments: \_\_\_\_\_

\_\_\_\_\_