

BUILDING • LIVES • AROUND • SOUND • TRUTH

Waiting List Form

Date:	
Contact Name:	Relationship to Child:
Child's Name:	Date of Birth/Due Date:
Available Phone Numbers: Home ()	Camellia Baptist Church Member YES NO
Work () Cell () Email:	Enrollment Date: Requested Start Date:
Notes: ADDED TO WAITING LIST	Office Use Only Infants 3 Yr Kindergarten Creepers 4 Yr Kindergarten Crawlers 5 Yr Kindergarten Climbers Summer Only
	CS Sibling CS Referral
CAMELLIA SCHOOL KINDERGARTEN • PRESCHOOL • CHILDCARE Date:	• LIVES • AROUND • SOUND • TRUTH Waiting List Form
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