## **Request to Enroll**

Belin Creative Learning Center Program for Infants, Toddlers, Twos

\$30 Wait List Fee due with submission of this form (payable to "BCLC")

Your child will be added to the BCLC Wait List upon receipt of completed "Request to Enroll" form and fee.

(Please print legibly or type)	Date Submitted		
Child's Name	DOB		
Parents' Names			
Mailing Address			
City	State	Zip	
Email address			
Home Phone	_ 2 <sup>nd</sup> Phone for contact		
Is either parent a member of Belin Mei	morial United Methodist Ch	nurch? Yes	No
Is there a sibling currently enrolled? _	no yes Name:		
What date do you wish for your child to	begin full time enrollment	?	
<ul> <li>Fourth priority given to parent</li> <li>Ability to accept the invitation</li> <li>As each category is reviewed to fill a vacancy that are in the best interest of each individual each of these priority categories is one of the Our waiting list is updated each April 1<sup>st</sup> are contacting BCLC in writing between March Enrollment Coordinator will result in forfeit</li> </ul>	at best fit their family schedule. It is the current waiting list is reviewed as (Belin members) with another rents (non-Belin members) with no child as (non-Belin members) with no child and the central within a one—the administration of the central child and the center. The "received criteria used to determine who is and it is the responsibility of the and 15th and April 1st each year. It is the fee and your spot	Enrollment vacancies are exect according to the following child already enrolled another child already enrolled previously enrolled week window is required er evaluates and makes admitted date (with fee) of the approximate to communicate with the wait list. We are until the following the wait list. We are until date contained to the wait list.	d d nission decisions oplication by ith the BCLC nable to place
an unborn child on our wait list until the exborn, we ask the parents to notify the BCLC Ability to accept an invitation to enroll you	spectant mother has provided C Enrollment Coordinator who	a due date. Once the child will determine if a vacand	l has been
I agree to these guidelines and will notify the E to Enroll change in any way.	3CLC office should the status of	, or the information provided	l with, my Request
Date Parent Signature			
•	be addressed to: BCLC Director	or 843-651-2930	
For office use only: Date rec'd			

By \_\_\_\_\_ Renewal dates \_\_\_

(01-10)