

Request to Enroll

Belin Creative Learning Center Preschool Program, Ages 3-4

Note: Children must be potty trained before entering 3 year old class.

\$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 _____ 2nd Phone for contact _____

Is either parent a member of Belin Memorial United Methodist Church? _____ Yes _____ No

Is there a sibling currently enrolled? _____ no _____ yes Name: _____

We are interested in _____ full-time (AM Preschool and Extended Day) 7:00 AM – 6:00 PM
_____ part-time enrollment. (8:30 AM – 12:30 PM Preschool Only)

What date do you wish for your child to begin enrollment? _____

For your information: Children are generally admitted each September (or June) for our next fall class of preschool. Children who are full-time enrollees of our Nursery – Two year old programs (birth – age 3) are given priority for enrollment in our preschool. We usually have several vacancies in the program for three and four year olds each fall. When a vacancy occurs in any specific age class, the current waiting list is reviewed according to the following guidelines and priorities:

- Date this "Request to Enroll" application is submitted.
- Ability to accept the invitation to enroll your child within a one week window
- Age of the child

It is the parent's responsibility to renew this application annually by contacting the BCLC enrollment coordinator in writing between March 15 and April 1 of each year. Failure to communicate with the Enrollment Office will result in deactivation of this application and forfeiture of the wait list fee.

I agree to these guidelines and will notify the BCLC office should the status of, or the information provided with, my *Request to Enroll* change in any way.

Date _____ Parent Signature _____

Please hand-deliver this request to the BCLC office or mail to BCLC, P. O. Box 528, Murrells Inlet, SC 29576
Questions may be addressed to: BCLC Director 843-651-2930

For office use only: Date rec'd _____ Data base entry _____ Fee Received _____

(01-10) By _____ Renewal dates _____, _____