

DATE CARE NEEDED: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

Infant Room: \_\_\_\_\_

Older Infants: \_\_\_\_\_

Toddlers: \_\_\_\_\_

Tiger 2s Room: \_\_\_\_\_

3K Elephants: \_\_\_\_\_

4K Kangaroos: \_\_\_\_\_



WAITING LIST APPLICATION

St. Michael's and All Angels' Episcopal Early Learning Center

6408 Bridgewood Rd, Columbia, SC 29206

803-782-8800

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

Date of Birth: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

This application is valid for 1 year from today's date. This application does not guarantee a spot. Please remain in touch by email to let us know of your continued interest. Follow up:

\_\_\_\_\_  
\_\_\_\_\_

Office Use Only:

Waiting list fee: \$75

\$\_\_\_\_\_ (non-refundable)

Date paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash \_\_\_\_\_