

DATE CARE NEEDED: _____

Date Contacted: _____

Infant Room: _____

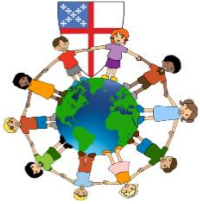
CYT Room: _____

Toddler Room: _____

Tiger Room: _____

Panda Room: _____

Lion Room: _____



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. Please remain in touch by email to let us know of your continued interest. Follow up: _____

Office Use Only:

Waiting list fee: \$ _____ (non-refundable)

Date paid: _____

Check #: _____ Cash _____