

**FIRST BAPTIST CHURCH KINDERGARTEN, 847 Cleveland St., Greenville, S. C. 29601  
(864) 271-2613, extension 131**

**WAIT LIST APPLICATION**

*Please complete this application form and return it, along with the \$25 non-refundable application fee, to Dewanda Martin at FBCK, 847 Cleveland Street, Greenville, SC 29601. This application does not obligate you to enroll your child at FBCK, nor does it guarantee a place will be available for your child at the requested time. **Your wait list application will become part of our records when we receive the completed form and your \$25 check. (The \$25 fee is waived for members of First Baptist Greenville.)***

Placements are made according to the following priorities:

1. First Baptist Church members.
2. Siblings of children already in the kindergarten program.
3. Children on the waiting list.
4. General public

Child's Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Yr. To Enter FBCK: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Bus. phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ (Maiden name): \_\_\_\_\_

Employer: \_\_\_\_\_ Bus. phone: \_\_\_\_\_

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

Requested Age Level:

- |  |  |
|--|--|
| <input type="checkbox"/> Two year old class (meets Tuesdays & Thursdays) | <input type="checkbox"/> Three year old class (meets 5 days)     |
| <input type="checkbox"/> Two year old class (meets 5 days)               | <input type="checkbox"/> Four year old class (meets Mon-Wed-Fri) |
| <input type="checkbox"/> Two year old looping class (Mon-Wed-Fri)        | <input type="checkbox"/> Four year old class (meets 5 days)      |
| <input type="checkbox"/> Three year old class (meets Mon-Wed-Fri)        | <input type="checkbox"/> Five year old class (meets 5 days)      |

List any special needs your child may have: \_\_\_\_\_

Are you a member of First Baptist Greenville?  Yes  No

Is your child participating in the Infant-Toddler Program at First Baptist?  Yes  No

Do you currently have a child participating in the FBCK program?  Yes  No

Has a member of your family previously participated in the FBCK program?  Yes  No

If you answered "yes" to this last question, please indicate who and when?

For Office Use: Date Received: