

WAIT LIST PROCEDURE AND RETURN FORM

**The Children's Center at Park Hill United Methodist Church
5209 Montview Blvd. Denver, CO 80207 303-333-1335**

Each family placed on the waiting list will be charged a non-refundable \$50.00 fee for their first child. Each additional child/sibling will be charged \$25 to be placed on the waitlist. This fee will obligate the Children's Center to call the family if/when an opening becomes available utilizing the phone numbers provided on the form. However, placement on the waitlist does not guarantee that a space will become available within the timeframe desired. Families will remain on the list until they request removal or the center attempts to contact them and receives no response.

Expectations of the Center's Administration:

1. When an opening occurs, families will be called by the order in which their names appear on the list.
2. Children's Center alumni, siblings, and church members will receive priority regarding wait list placement.
3. The Children's Center will attempt to reach a family twice when an opening occurs. After these two attempts, the next family on the wait list will be contacted and offered the open spot.
4. Once a family has been reached, a registration payment must be collected, within 2 working days, to secure enrollment in the desired classroom. If this registration is not completed after two days has passed, the next person on the wait list will be contacted and offered the opening.
5. If/When there is no enrollment availability, families will not be contacted.

Expectations of the Waiting List Family:

1. Notification of any desired changes to your initial waitlist request/information, must be submitted in writing.
2. Requests for removal from the waitlist will be accepted verbally, over the phone.
3. Families will notify the Children's Center of any phone number changes or other pertinent information that may hinder the center's ability to successfully make contact (vacations, relocations, etc.) with waitlist participants.
4. Families are welcome to periodically check in with the Children's Center regarding their status on the waitlist.

-----**CUT ALONG THE DOTTED LINE**-----**KEEP UPPER PORTION FOR YOUR RECORDS**-----

Child's Name _____ Sex M F Date of Birth _____

Parent's Name(s) _____ Desired Start date _____

Home Phone# _____ Work# _____ Cell# _____

Primary Email Address _____ Secondary Address _____

Client Signature _____ Date _____

Program Interested In:

Half-Day Preschool (8:30-12:00, school year only) M____ T____ W____ TH____ F____

Full-Day Preschool/Chlldcare (7:15-6:00, full year) M____ T____ W____ TH____ F____

Before (Park Hill) & After-School Care

Summer Camp

KDG ____ **SCHOOL AGE** ____ **BRIDGE** ____ **PRESCHOOL** ____ **SCHOOL AGE** ____ **BRIDGE** ____
(5 & 6 yrs) (2nd & 3rd grade) (4th - 6th grade) (2 1/2 - 6) (2nd & 3rd grade) (4th - 6th grade)

Payment Amount Received \$ _____ Form of Payment: ____ Cash ____ Check ____ Visa/Mastercard