

# Waiting List Form

Lake Highlands Christian Child Enrichment Center  
9919 McCree Road, Dallas 75238 214/348-1123

Date of Application \_\_\_\_\_ Date of Expected Care \_\_\_\_\_

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

Last

First

Middle

(Expected) Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

Street

City

State

Zip

Home Phone \_\_\_\_\_

**Email Address for LHCCEC Communications:**

Mother's Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**NOTE:** Names are kept on our Wait List for 18 months. If you would like to remain beyond 18 months, please call to let us know. *Thank you!*

## Additional Children:

Child's Name \_\_\_\_\_ Date of expected care \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of expected care \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

How did you hear about us? Yellow pages Magazine Sign School Internet

Other Referred By \_\_\_\_\_

## Office Use:

Date added to Database \_\_\_\_\_ by \_\_\_\_\_ Date Received \_\_\_\_\_

Comments:

Planned date of placement \_\_\_\_\_ Tour Date \_\_\_\_\_

Date Placed \_\_\_\_\_

If mailing this form, please include your Wait List fee of \$20. Checks payable to: LHCCEC *Thank you!*