Waiting List Form Lake Highlands of Christian Child Enrichment Center

9919 McCree Road, Dallas 75238

Date of Application Date of Desired Care

Child’s Name

Last First Middle

Birth Date / Due Date 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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!*

Work Phone Cell Phone

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 Received

Date added to Database by

Comments:

**If mailing this form, please include your Wait List fee of $30. Checks payable to: LHCCEC  *Thank you!***