



## Waiting List Application 2024-2025

Child's Name: \_\_\_\_\_ Child's DOB (Or Expected DOB): \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Requested date of enrollment? (Subject to age-appropriate availability): \_\_\_\_\_

Is the child listed above a sibling of a child already enrolled at KDC? \_\_\_\_\_

By completing this form and submitting it with the NON-REFUNDABLE/NON-TRANSFERABLE \$50.00 fee, you have placed your child's name on KDC's Waiting List (\$25.00 will apply toward your child's application fee). Completing this form does *not guarantee* placement or requested start date at KDC.

When an appropriate position is available, we will contact you. At that time, you will be able to pick up an application for admission and ***begin the enrollment process***. We will contact you up to three times. Until the third contact is made, you may decline and remain on the waiting list. After the third contact, we will no longer be able to retain your child's name on the waiting list.

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date

**Office Use Only:** Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Received \_\_\_\_\_ Entered in ProCare/Wait List \_\_\_\_\_  
 (Date) (Date/Initial)

CONTACT	DATE	RESPONSE	ENROLLMENT	CONTACT MADE BY
FIRST CONTACT	_____	_____	Defer: __Y__N	_____
SECOND CONTACT	_____	_____	Defer: __Y__N	_____
THIRD CONTACT	_____	_____	Defer: __Y__N	_____

Master in Waiting List Book

Copy to Bookkeeping