



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

Expected date of enrollment? (Subject to age appropriate availability): _____

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). 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 into computer _____
 (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