



4445 Montevallo Road · Birmingham, AL 35213
205-956-8790 · cdc@hopebhm.org

Waiting List Application

Desired Start Date _____

Child's Name _____ Birth/Due Date _____

Address _____

Mother's Name _____ Occupation _____

Mother's Cell Number () _____ Work Number () _____

Mother's Email Address _____

Father's Name _____ Occupation _____

Father's Cell Number () _____ Work Number () _____

Father's Email Address _____

*****This application is for our waiting list. It DOES NOT guarantee enrollment into Hope Community CDC.*****

A \$50.00 non-refundable waiting list application fee must accompany this application for a child to be placed on the waiting list. (Checks should be made out to Hope Community CDC.)

Children are enrolled into Hope Community CDC by priority order following the protocol listed:

- (1) Currently Enrolled Children
- (2) Children of CDC Employees
- (3) Siblings of currently enrolled children
- (4) Children of Hope Community Church Members
- (5) Grandchildren of Hope Community Church Members
- (6) Grandchildren of Full Time CDC Employees
- (7) Children from the Community

I have read and fully understand the above waiting list policies.

Parent Signature _____ Date: _____

FOR OFFICE USE ONLY: Date Received _____ Start Date _____

Check # _____ Amount _____ Received By _____