

FIRST BAPTIST DAY SCHOOL

**847 Cleveland St., Greenville, S.C. 29601
864-271-2613, extension 131**

WAIT LIST APPLICATION

Please complete this application form and return it, along with the \$25 non-refundable application fee, to Dewanda Martin at First Baptist Day School, 847 Cleveland Street, Greenville, SC 29601. This application does not obligate you to enroll your child at FBDS, nor does it guarantee a place will be available for your child at the requested time. Your wait list application will become part of our records when we receive the completed form and your \$25 check. (The \$25 fee is waived for members of First Baptist Greenville.)

Placement priority: 1) First Baptist Church members. 2) Siblings of children already enrolled in the school. 3) General public

Child's Name: _____ Date of application: _____

Birth Date: _____ Sex: _____ Year to Enter FBDS: _____

Address: _____ Home phone: _____

Father's Name: _____

Employer: _____ Bus. phone: _____

Mother's Name: _____ Maiden name: _____

Employer: _____ Bus. phone: _____

Email Address: _____

Requested Age Level and Schedule:

- | | |
|--|---|
| <i>Infants and Toddlers (8 weeks to 24 months)</i> | ___ <i>Three year old class (meets Mon-Wed-Fri)</i> |
| ___ <i>class meets Tues & Thurs</i> | ___ <i>Three year old class (meets 5 days)</i> |
| ___ <i>class meets Mon-Wed-Fri</i> | |
| ___ <i>class meets 5 days</i> | ___ <i>Four year old class (meets Mon-Wed-Fri)</i> |
| | ___ <i>Four year old class (meets 5 days)</i> |
| ___ <i>Two year old class (meets Tues & Thurs)</i> | |
| ___ <i>Two year old class (meets 5 days)</i> | ___ <i>Five year old class (meets 5 days)</i> |
| ___ <i>Two year old looping class (Mon-Wed-Fri)</i> | |

List any special needs your child may have: _____

Are you a member of First Baptist Greenville? ___ Yes ___ No
Do you currently have a child participating in the FBDS program? ___ Yes ___ No
What members of your family have previously participated in the FBDS program? _____

For Office Use: Date Received: