

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.)

Note FBDS Immunization Policy:

No child may be enrolled in FBDS without a "South Carolina Certificate of Immunization" (DHEC 1148). If a child has a permanent or temporary reason for exclusion from vaccine(s), the Medical Exemption section of the certificate must be completed by a licensed physician (MD or DO) or his/her authorized representative (Physician's Assistant or Advance Practiced Registered Nurse.)

Effective June 1, 2019 FBDS will only accept a "South Carolina Certificate of Immunization," which could include the completion of the medical exemption section as stated above.

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:

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

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? \_\_\_\_\_