

CHEERS School Family Waiting List Application

Preferred Center (Please Circle):

Children First CDC (Kearneysville, WV)

Heritage CDC or CH (Berryville, VA)

Child's Name: _____ Age: _____ DOB: ____/____/____

Child's Name: _____ Age: _____ DOB: ____/____/____

Desired Date of Entrance: ____/____/____ Enrollment: FT MWF Tu/Th

Program (Please Circle):

Infant

Waddler

Toddler

Preschool I

Preschool II

Before/After School

Summer Camp

Parent/Guardian Name (s): _____

Home Address: _____
Street Address City State Zip

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

How did you hear about CHEERS? _____

I understand that...

1. A **non-refundable** registration fee of \$40.00 per child (or \$60 per family) is required in order to be recorded and placed on the waiting list.
2. Placing my name on the waiting list **does not guarantee** my child's enrollment.
3. Siblings of enrolled children and certain groups have priority enrollment status.
4. The waiting list is reviewed on a first-come, first-serve basis.
5. Part-time care is available on a space available basis for children over age two. If a complement is not found, priority will be given to full-time applicants.
6. If a space becomes available close to the time of my desired enrollment, I will be notified by phone and/or email, and have 48 hours to respond. If I fail to return the call, my name will be removed from the waiting list.
7. If I am called about an available space, I can verbally decline the available space and my name will remain on the waiting list. I can pass two (2) times before my name is moved to the bottom of the list.
8. If I am called about an available space, I have the option of paying full price tuition for the space until the time my child needs to enroll, up to two (2) weeks, to guarantee his/her enrollment. Payment must be made within 3 days.
9. If I accept an available space, I must arrange to pick-up the enrollment documents within three (3) days.

Signed: _____ Date: ____/____/____

Office Use Only: Date: ____/____/____ Amount: _____ Cash/Check #: _____

Priority: _____ Date of Availability: ____/____/____

Contacts:

Date: _____ Notes: _____

Date: _____ Notes: _____

Date: _____ Notes: _____

Date: _____ Notes: _____