

Date: _____

Lake Shore Baptist Children's Center – Waiting List Application

5801 Bishop Drive Waco, TX 76710 • tel 254-772-6459 • fax 254-772-2914 • lsbcc1@hotmail.com
Open Monday-Friday 7:15-5:30pm

When do you require care for your child? Year: _____ Month: _____

If at any point you are offered and decline to enroll your child, their name will be deleted or moved to the bottom of the list. If you make other arrangements for your child and will no longer require the services of Lake Shore Baptist Children's Center please contact us as soon as possible so that we can remove your name.

Child's Last Name: _____ First: _____ Middle Initial: _____

Date of Birth: ____/____/____ Desired Start Date: ____/____/____

Mother or Legal Guardian's Full Name: _____

Address: _____

City, State, Zip: _____

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____

Father or Legal Guardian's Full Name: _____

Address: _____

City, State, Zip: _____

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____

How did you hear about Lake Shore Baptist Children's Center? ____ Phone Book ____ Internet
____ Family Member ____ Friend ____ Other(Please Describe) _____

Please list the name of the person who referred you if they have a child currently attending LSBCC. They will receive a \$50 discount on their next month's tuition. _____

You may notify us at any time if you wish to change your child's desired start date. Please remember to notify us at any point if you change your address or phone number so that we can get in contact with you. You may call LSBCC during our operating hours at (254)772-6459.

I have read and understood LSBCC's policies for the Child Care Wait List.

Parent or Guardian Signature: _____ Date: ____/____/____

Office Use Only

--	--	--

Waiting List Number

Child's Classroom

Registration Fee Received