

Office Use Only: Date Received \_\_\_\_\_  
Age \_\_\_\_\_ FT PT

KATHWOOD BAPTIST CHURCH PRESCHOOL  
4900 Trenholm Road  
Columbia, SC 29206

REGISTRATION INFORMATION  
Telephone: (803) 787-6546  
Fax: (803) 782-3907

**WAITING LIST FORM**

Thank you for your interest in Kathwood Baptist Church Preschool. Kathwood Preschool is open from 7:30 until 4:30 Monday-Friday. We follow Richland School District #1 in regard to holiday closings. Priority for placement is given to children already attending, siblings, and church members. Placements are then determined by the day you were placed on the waiting list. When contacted for placement, parents will have 24 hours to respond and present payment for the registration fee. Failure to respond will be regarded as a refusal of the position. If offered a space and decline but wish to remain on the list, you are moved to the bottom. This waiting list is for one year. If you wish to remain on the list after one year, you must contact us. Class assignments will be based on the child's age on September 1.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

CHILD'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION/EMPLOYER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION/EMPLOYER: \_\_\_\_\_

KATHWOOD CHURCH MEMBER: Y OR N IF NOT, CHURCH ATTENDING \_\_\_\_\_

SIBLING(S) ENROLLED IN KBCP: Y OR N NAME(S): \_\_\_\_\_

PROGRAM DESIRED:

FULL TIME: (7:30 – 4:30) SEPTEMBER-MAY AGE GROUP: \_\_\_\_\_

**OR**

PRESCHOOL: (9:00 – 12:00) SEPTEMBER-MAY AGE GROUP: \_\_\_\_\_

CIRCLE ONE: 2 DAY: TUESDAY/THURSDAY 3 DAY: MONDAY/WEDNESDAY/FRIDAY 5 DAY: MONDAY-FRIDAY

**\*\*PLEASE NOTE ANY OPTIONS YOU ARE INTERESTED IN OR IF YOU HAVE FLEXIBILITY IN YOUR SCHEDULE\*\***

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

