



Date _____

**Calvary Place, Inc.
Nurturing Child Development in Downtown Memphis**

WAITING LIST APPLICATION

Parent Name(s) #1 _____ #2 _____

#1 Address _____

#2 Address _____

#1 Home Phone _____ #2 Home Phone _____

#1 Work Phone _____ Cell Phone _____

#1 Email Address _____

#2 Work Phone _____ Cell Phone _____

#2 Email Address _____

Child's Names(s) and Birthdate or Due Date:

Date You Would Like To Begin Child Care: _____

Calvary Place, Inc. is open to all families. Priority for enrollment is determined by the date each family applies for enrollment and the availability of openings in the appropriate age group.

A non-refundable \$50 fee is required with this form. The fee covers the administrative costs of enrollment. Please make checks payable to Calvary Place, Inc. and mail to:

Calvary Place, Inc.
102 N. Second Street
Memphis, TN 38103

Date Received: _____

Check Number: _____