

Thank you for printing and filling out this form completely.

Date: _____

referred start date: _____

BCDC Wait List Form

Child Name: _____

DOB or Due Date: _____

(Month)

(Date)

(Year)

Parent /Guardian Information

Name: _____ Relationship: Mother Father Other: _____

Address: _____

(Number)

(Street)

(Apt. #)

(City)

(State)

(Zip Code)

Phone: () _____ Business phone: () _____

Cell Phone: () _____ Email: _____

Employer: _____

Name: _____ Relationship: Mother Father Other: _____

Address: _____

(Number)

(Street)

(Apt. #)

(City)

(State)

(Zip Code)

Phone: () _____ Business phone: () _____

Cell Phone: () _____ Email: _____

Employer: _____

How did you hear about BCDC? Word of mouth A BCDC Parent Other _____

This completed form should be mailed along with your non-refundable \$100 Wait List Fee to: BCDC 3400 International Dr. NW, Washington, DC 20008.

OFFICE USE ONLY

Deposit paid: _____

Date received: _____

Classroom: _____

Check #: _____

Priority: Sibling

Intelsat

Community

