



115 Wolfe Street, Winchester, VA 22601

540-667-8915 jenny@braddockstreetumc.org

WAITING LIST REGISTRATION FORM

Today's Date: ____/____/____

Date Needing Child Care: ____/____/____

Child's Information:

Child's Name: _____

Birth Date: ____/____/____

Due Date: ____/____/____

Gender: ____Female ____Male

Mom's Information:

Mother's Name: _____

Mother's Address: _____ City: _____ State: _____

Home/Cell Phone Number: _____

Mother's Place of Employment: _____

Email Address: _____

Father's Information:

Father's Name: _____

Father's Address: _____ City: _____ State: _____

Home/Cell Phone Number: _____

Father's Place of Employment: _____

Email Address: _____

****Waitlist fee is \$100. You may mail the fee and this form back to us or drop it off. This fee is non-refundable and good for 1 year. Please understand that putting your child's name on the waiting list does not guarantee a spot in our facility. ****