



106 E LAMPKIN ST STARKVILLE, MS 39759
CREATIVELEARNINGCENTER@FBCSTARKVILLE.COM
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WAITING LIST APPLICATION

Desired Date of Enrollment: _____ / _____ / _____

Parent/Guardian Name: _____

Phone: _____ Email Address: _____

Child's Name: _____ Gender: Boy Girl

Birth Date: _____ Potty Trained: _____

Walking: _____

IEP: Yes No Special Services: Yes No Medical Needs: Yes No

Food Allergies: Yes No If yes, please explain: _____

First Baptist Starkville Member: Yes No Sibling Currently Enrolled at CLC: Yes No

Please note:

- Application will be filed in order of date received using CLC priority guidelines.
- Children are placed in classrooms based on their age on September 1 of the applicable school year.

By signing below, I understand when an opening for my child becomes available, Creative Learning Center (CLC) will attempt to contact me by using the information provided for a period of 24 hours. If I cannot be reached or if I do not respond to the notification, CLC will contact the next name on the waiting list. CLC will make 2 offer attempts, which if declined or ignored, will nullify this application. I also agree that if my contact information changes, it is my responsibility to contact CLC with current information.

Parent/Guardian Signature

Date

Office Use Only

Date Received: _____ / _____ / _____ Time: _____ Staff Initials: _____

Attempt 1: _____ Attempt 2: _____

Accepted: _____ Date: _____ / _____ / _____ Room: _____