

Request to Enroll in the Belin Creative Learning Center

Date Application Submitted _____

Request Enrollment Date _____

Child's Name _____ DOB _____

Parents' Names _____

Mailing Address _____

City _____ State _____ Zip _____

Email address _____

Home Phone _____ 2nd Phone for contact _____

Is either parent a member of Belin Memorial United Methodist Church? _____ Yes _____ No

Is there a sibling currently enrolled? _____ Yes _____ No Name: _____

Check Program requested:

____ Infant –12 months

____ Toddler I- 12-18 months

____ Toddler II- 18-24 months

____ Age 3 preschool and/or full-time (circle)

____ Age 2 part time (½ day– 5 days per week)

____ Age 2- full-time (5 days)

____ Age 4 preschool and/or full-time (circle)

For your information:

When a vacancy occurs in any specific age class the current waiting list is reviewed according to the following guidelines and priorities:

- Date "Request to Enroll" is submitted
- With **first** priority given to parents (Belin members or non-Belin members) with another child already enrolled, **second** priority given to Belin members with no child previously enrolled, and **third** priority given to non-Belin members with no child previously enrolled
- Ability to accept the invitation to enroll your child within a two week window

I agree to these guidelines and will notify the BCLC office should the status of, or the information provided with, my *Request to Enroll* change in any way. I understand that the waiting list is **updated every January and June** and it is my responsibility to update the request by the last day of the month in order to remain on the waiting list.

Date _____ Parent Signature _____

Please return this request to BCLC, P. O. Box 528, Murrells Inlet, SC 29576
Questions may be addressed to: BCLC Director 843-651-2930 Fax: 651-4179

For office use only: Date Received _____ Entered into data base _____

By _____ Renewal dates _____, _____, _____, _____, _____