

Dear Parent:

Thank you for your interest in the Early Childhood Center. For your information please find enclosed a tuition information sheet and a waiting list application. In order for your child to be placed on our waiting list the application form must be completed and returned to our office along with a $25.00 application fee. Please note our waiting list has several levels of priority for enrollment. Therefore, it is difficult to give you an accurate number for your child’s placement on the waiting list.

Tours of the Early Childhood Center are available on the third Tuesday of every month at 10:00 AM. The tour takes approximately 30-45 minutes. Please visit our website or call us to make a reservation for a tour.

Additional information about ECC is available on our website [www.eccgreensboro.org](http://www.eccgreensboro.org). If you have any questions please feel free to call or email.

Our phone number is (336) 378-6093.

Email me at mkasten@eccgreensboro.org.

Sincerely,

Meredith Kasten

Director

Enclosures

**Priorities for Enrollment and Waiting List**

The Early Childhood Center strives to maintain a multicultural environment and to accommodate children with special needs. The Director will have final responsibility for enrollment and for seeking to maintain diversity in an appropriate learning environment. Scholarship funds are available for families enrolled in the ECC.

The ECC enrolls children using the following priority categories:

1. Children and grandchildren of the Early Childhood Center staff.
2. Children and grandchildren of the West Market Street United Methodist Church staff.
3. Children enrolled requesting a transfer to one of the other programs.
4. Siblings of children currently enrolled in one of the programs.
5. Children and grandchildren of active members of West Market St. United Methodist church (an active member is defined as one who currently participates and pledges).
6. Staff and students of Greensboro College.
7. Children in the community.

**Waiting List:**

If an application is received and classroom space for enrollment is not available, the child’s name may be placed on the waiting list. The Director, according to the enrollment and date of application, maintains the list. Enrollment eligibility is determined by availability of classroom space, date of application, and enrollment priorities listed above. Placing a child’s name on the waiting list does not guarantee enrollment.

Parents are requested to notify us if they wish to remove their child’s name from the waiting list. Please inform us if your contact information (address, phone numbers, email address etc.) changes.

When a name on the waiting list becomes eligible for enrollment, a member of the Administrative Team will notify the parents via phone and email. Parents must respond within 48 hours to be eligible. Once the space is accepted, written confirmation and a non-refundable payment of one half of the first month’s tuition must be remitted to the ECC office within one week. Parents will be permitted a 30-day period to make arrangements for their child’s first day of attendance.

If the parent is not ready for the child to be enrolled but wishes to reserve the space, tuition must be paid for each month prior to actual enrollment. The space will not be held without payment of monthly tuition.

If a parent declines a space three consecutive times, the child’s name will be removed from the list. To place a child’s name back on the waiting list, parents must re-apply for enrollment.

**EARLY CHILDHOOD CENTER**

**WAITING LIST APPLICATION**

*Please submit the non-refundable $25 waiting list application fee with this form.*

Full Day  Half-Day  Both Half Day & Full Day

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Desired date of enrollment: | | | Click or tap to enter a date. | | | | |
| Child’s Name (if known): | | | Click or tap here to enter text. | | | | |
|  |  | | (First) (Middle) (Last) | | | | |
| Date of Birth: | | Click or tap to enter a date. | | Or Due Date: | | Click or tap to enter a date. | |
| **Parent #1** | **Name:** | | Click or tap here to enter text. | | Home Phone: | | (   )   **-** |
| Address: | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
|  | (Street) | | | (City) | (State) | | (Zip) |
| Where Employed: | Click or tap here to enter text. | | Work Phone: | (   )   **-** | Cell Phone: | | (   )   **-** |
| Email Address: | Click or tap here to enter text. | | | | Home | | Work |
| **Parent #2** | **Name:** | | Click or tap here to enter text. | | Home Phone: | | (   )   **-** |
| Address: | Click or tap here to enter text. | | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. |
|  | (Street) | | | (City) | (State) | | (Zip) |
| Where Employed: | Click or tap here to enter text. | | Work Phone: | (   )   **-** | Cell Phone: | | Where Employed: |
| Email Address: | Click or tap here to enter text. | | | | Home | | Work |
| **Whom should we contact when a place becomes available?** | | | | | **Parent #1** | | **Parent #2** |
| ECC emails all invoices and payment receipts. Please list the email address to use: | | | | | Click or tap here to enter text. | | |
| Are you (parent) a member of West Market Street United Methodist Church? | | | | | Click or tap here to enter text. | | |
| Are any grandparents of this child a member of West Market Street United Methodist Church? | | | | | Click or tap here to enter text. | | |
| Are either parent a student or on the faculty at Greensboro College? | | | | | Click or tap here to enter text. | | |
| Is this child currently enrolled at the Early Childhood Center? | | | | | Click or tap here to enter text. | | |
| If yes, please circle the program your child currently in enrolled in: | | | | | Half Day | | Full Day |
| Does this child have a sibling currently enrolled at the Early Childhood Center? | | | | | Click or tap here to enter text. | | |
| If yes, child’s name | | | Click or tap here to enter text. | | Date of Birth: | | Click or tap to enter a date. |
| I have read and understand the attached Enrollment Procedure Policy: | | | | | | | |

|  |  |
| --- | --- |
| **Please Type Name Here** | Date of Signatures: Click or tap to enter a date. |
| Parent Signature |
| *By typing my name and/ or initials in enrollment documentation, I affirm that my electronic signature, and all future electronic signatures, were signed by myself with full knowledge and consent, and I am legally bound by this electronic signature with the same force and effect as a hand-written signature.* |

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***For Office Use Only***

Date of Application: Click or tap to enter a date. Fee Paid: Click or tap here to enter text.

Notes: Click or tap here to enter text.