



**Waiting List Application**

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_  
Month/Day/Year

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_

Parent's Work/Cell Phone \_\_\_\_\_

Needed Date of Enrollment \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Hinds CC Student

\_\_\_\_\_ Hinds CC Faculty

\_\_\_\_\_ Community

