

LCCA WAITING POOL FORM

2023-2024 SCHOOL YEAR

DATE	
TIME	
GROUP	

Student Name: _____

Date of Birth: _____

Are you interested in Full Time or Part Time Preschool? _____

If Part Time, Days of the Week Preferred (circle all that apply): M-TH M/W T/TH

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Email Address for Notification: _____

Please answer the questions below by circling NO or YES.

Are you a member of First Baptist Church of Lenoir City? NO YES

Do you have another child enrolled at LCCA currently? NO YES

Have any of your children attended LCCA in the past? NO YES

Have you received a tour of LCCA? NO YES

* Filling out this form does NOT enroll you in a program at LCCA. Submitting this form places you in the waiting pool to be contacted in the case an opening becomes available. You will be notified by phone and/or email if there is an opening for your child. Once contacted, you must respond within 48 hours or the spot will be offered to the next in the waiting pool. Your child is not enrolled until we have received the completed application with supporting documents and enrollment fees have been paid. All students attending LCCA are required to have a completed TN Immunization Form filled out by their pediatrician and a copy of their birth certificate submitted as part of the application process.

Notes:

ELIGIBLE PROGRAM: _____

DATE CONTACTED: _____

DATE ENROLLED: _____

ADMIN INITIALS: _____