

**Apostles Learning Center  
6025 Glenridge Drive  
Atlanta, GA 30328  
Phone: 404-256-3091  
Fax: 404-250-1775**

## **WAITING LIST FORM**

Office Use only:

Check #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Received: \_\_\_\_\_

Date needing childcare to begin: \_\_\_\_\_

Class: \_\_\_\_\_

PLEASE PRINT CLEARLY:

Child's name: \_\_\_\_\_ Name Used: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Are you a member of Apostle's Church? \_\_\_\_\_

How did you hear about Apostle's Learning Center? \_\_\_\_\_