

COMMUNITY SCHOOL FOR PEOPLE UNDER SIX

*Preparing Our Children for a Brighter Tomorrow*

**Waiting List Form**

**Child's Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Parent's Information**

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Home Telephone: \_\_\_\_\_ Mother's Work Telephone: \_\_\_\_\_

Father's Home Telephone: \_\_\_\_\_ Father's Work Telephone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

**Source of Tuition Payment:**

- Family Income
- DSS/CCSA
- Other (Specify): \_\_\_\_\_

Gross Family Income: \$ \_\_\_\_\_

**Date you wish to enroll:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return this form to:**

Community School for People Under Six

400 Caldwell Street

Chapel Hill, NC 27516

Telephone: (919) 929-1543

Email: csix@bellsouth.net