Avondale Children's Center Preliminary/Wait List Application

Thank you for your interest in Avondale Children's Center. To register, please return this completed form along with non-refundable application fee of $75/child made payable to Avondale Children's Center.

Child's Name:_____ Date of Birth/Due Date: _____
Child's Name:_____ Date of Birth/Due Date: _____
Child's Name:_____ Date of Birth/Due Date: _____

Date Space Needed:_____

Parent/Guardian Information:
Name:_____ Relationship: _____
Address:_____
Cell Phone:_____ Email Address: _____
Business Name:_____
Business Phone:_____

Name: _____ Relationship: _____
Address: _____
Cell Phone: _____ Email Address: _____
Business Name: _____
Business Phone: _____

Are you a member of Avondale Presbyterian Church? _____ yes _____ no
If not, would you be interested in hearing from a representative of Avondale Presbyterian Church?
_____ yes _____ no

Has your child been in group care? _____ yes _____ no
If so, where & beginning at what age? _____

NOTE: Church members, siblings and ACC family referrals have priority for enrollment. Preliminary Application and payment of application fee does not guarantee enrollment in the Center.

Please enclose a check for the appropriate amount and return it to:

Avondale Children's Center
2821 Park Road
Charlotte, NC 28209

_____ _____
(Parent/Guardian's Signature) (Date)

Thank you for considering Avondale Children's Centerfor your family!

2821 Park Road | Charlotte, NC 28209
704-377-6960
www.avondalepresbychurch.com

Office Use Only:
Application Date: _____
Check #: _____