



## 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 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 Center for your family!**

2821 Park Road | Charlotte, NC 28209  
704-377-6960  
[www.avondalepresbychurch.com](http://www.avondalepresbychurch.com)

**Office Use Only:**  
Application Date: \_\_\_\_\_  
Check #: \_\_\_\_\_