

Initial request: _____

Returned: _____

Westminster Child Development Center Waiting List Registration

Child's Name: _____

Birth date: _____

Parent(s) Names: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Starting date: _____

Hours needed: _____

Days needed: _____

Parent Signature: _____ Date: _____

Payment method: cash _____ check _____

*** Please return this completed form with a \$20 nonrefundable fee to be included on our waiting list. * EFFECTIVE 12/1/03**

Office Use Only

Status: _____

Westminster Child Development Center
2040 Washington Road
Pittsburgh, PA 15241
412-835-9450