A&M United Methodist Church Weekday School
Waiting List Form

Parent/Guardian Name (first & last): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail address: _____

Child's Name (first & last): _____ Current age: _____

Birthdate (mm/dd/yy): _____ Due Date (mm/dd/yy): _____

*Requested Enrollment Date (mm/dd/yy): _____

Are you a member of the A&M United Methodist Church: _____

(A $100.00 Application Fee/Waiting List Fee must be submitted with this Application.)

It is the parent's responsibility to call and update above information.

*This does not guarantee that a space will be available for your child by the date specified. It helps us better understand your needs. We strongly recommend that parents have a back up plan for childcare in case a space is not available by the requested enrollment date. If a vacancy becomes available prior to your requested enrollment date and your child is next on the waiting list, you will be given an opportunity to accept or decline this early enrollment opportunity:

- If you choose to accept this early enrollment opportunity, tuition will begin on the vacancy date, regardless of when your child starts attending.
- If declined, your child will remain on the waiting list and his/her new projected enrollment date may be undetermined. We will then continue our efforts to fill this current opening by contacting the parents of the next child on the waiting list.

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FOR OFFICE USE ONLY

Date Received: _____ Initials: _____

Copied: _____ Check #: _____

NOTES: