

WAITING LIST INFORMATION FORM

Date placed on Waiting List: _____

Child's Last Name: _____

First Name: _____

Gender: _____ Male _____ Female

Date of Birth: (MM/DD/YYYY) ____/____/____ Age: _____

Home Address: _____

City: _____

State: _____ ZIP: _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Parent/Guardian Name: _____

Best way to contact: (Circle one) Home Phone Cell Phone Email

Waiting list fee is \$15.00: PD: (Circle one) Check or Cash Reference number _____

Are you a church member of Wesley United Methodist? (Circle one) Yes or No

Anticipated start date? _____

Parent/Guardian Signature: _____