



For Office use only
Date Received _____
Payment Received: _____
Input in QB _____
Input in Data Base _____

Full Time Program Waiting List

A non-refundable Registration fee of \$100 is required with this form

Date of Registration: _____ Full Name of Child: _____

Child's Birth Date: _____ What does the child like to be called? _____

Parents/Guardians:

Name of first Parent/Guardian: _____ Home Telephone: _____

Address: _____ City _____ State _____ ZIP _____

Where Employed: _____ Work Telephone: _____

Email address: _____ Cell Phone: _____

Name of second Parent/Guardian: _____ Home Telephone: _____

Address: _____ City _____ State _____ ZIP _____

Where Employed: _____ Work Telephone: _____

Email address: _____ Cell Phone: _____

NOTE:

- Are either of the parents a member of West End United Methodist Church? _____
- After you enroll, do you give permission for your name, your child's name, address & phone number to be distributed to classmates? _____
- If applying for financial assistance, attach the completed scholarship form.
- Registrations are processed in the following order:
 1. children of West End Preschool teachers
 2. children of West End United Methodist Church staff members
 3. families who are members of West End United Methodist Church
 4. families who are not members of West End United Methodist Church and who have children currently enrolled
 5. families who are not members of West End United Methodist Church and who do not have children currently enrolled