

Crestview United Methodist Preschool
Waiting List Application Form

Child's Name _____

Parent's Name _____

Child's Age _____ **Birthdate** _____

Address _____

Phone number _____

E-mail address _____

Which days would you like to enroll your child?

M-F _____

MWF _____

TTH _____

Four days _____ **Preference of days** _____

Crestview United Methodist Preschool accepts children for enrollment regardless of race, religion, creed or national origin.

Placement on the **Crestview United Methodist Preschool** waiting list does not guarantee placement in a class. We will call when a space is available. After you have been notified of the availability, you will have 24 hrs to claim the available space. If we have not heard from you in the time allotted, we will move on to the next person on the waiting list.

I _____ have read and understand the waiting list procedures.

Signature _____ Date _____