

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?

2 days a week _____

3 days a week _____

4 days a week _____

5 days a week _____

Preferred 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 and/or e-mail 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. Please note that staff children, siblings of current enrollees and church members have priority on the waiting list.

I _____ have read and understand the waiting list procedures.

Signature _____ Date _____