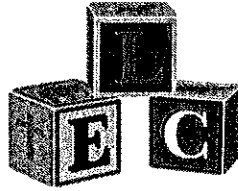


OFFICE USE ONLY

Date filled out: _____

Number on list: _____



EARLY LEARNING CENTER
 SPRING OF LIFE UNITED METHODIST CHURCH

Waiting List Form 2017-2018

Please PRINT CLEARLY

Today's Date: _____

Student's Name: _____ **Boy** or **Girl** (please circle one)

Date of Birth: _____ Age on Sept 1st, 2017: _____

Parent's Name(s): _____

Home Phone: _____ Cell Phone: _____

Email address (the one you check DAILY): _____

Special Needs: _____

Class Desired; check or number for preference:

2s:

MWF 9-2

T/TH 9-2

3s:

MWF 9-2

T/TH 9-2

M-F 9-2

All students entering any 3s class
 MUST be potty trained.

VPK:

TWTH 9-2

M-F 9-2

You have been placed on the waiting list. This list in NO way guarantees you placement within the ELC at any time. As spots become available you will be notified by the order and date your form was received. Other dynamics such as girl vs. boy ratios and special needs do take precedence on the Wait List.

Parent Signature _____

Date _____

Office Use ONLY

Date called for opening: _____

Message left Spoke with No answer Emailed

Date given to respond: _____

Accepted opening? Y N

Date/time of registration appointment: _____

Comments: _____