

Today's Date: _____

Please Fax this form to: 615-754-6058

Grace United Methodist Preschool Wait List Form

Child's Name: _____	Current Age: _____
Birthdate or Due Date: _____	

(If more than one child...)

Child's Name: _____	Current Age: _____
Birthdate or Due Date: _____	

Child's Name: _____	Current Age: _____
Birthdate or Due Date: _____	

Parent Contact Information

Mother's Name: _____	
Home phone: _____	Work phone: _____
Mobil phone: _____	
Email: _____	
Father's Name: _____	
Home phone: _____	Work phone: _____
Mobil phone: _____	
Email: _____	

Circle the schedule you are seeking:

9am-2pm preschool hours only: (M-F --5 days) (MWF—3 days) (TTH—2 days)

OR **Extended Care Program (available 6:30am-5:45pm)**
(M-F --5 days) (MWF—3 days) (TTH—2 days)

Desired Enrollment Date: _____

How did you hear about our program? _____

Any Special Notes: