

FUMC Weekday Ministries
 200 W. Lampkin St., Starkville, MS 39759
 Tel 662-323-7382 Fax 662-338-3396
 weekday@first-umc.org
 www.first-umc.org



WAITING LIST APPLICATION

Child's name _____ Child's EDD/DOB ____/____/____

Currently enrolled at WDM? YES NO **If no, enrolled where?** _____

For Preschool enrollment: Age on 9/1/ 202____ years __ months Male or Female

Program(s) requested – **Mark ALL that apply if you are flexible:**

Child Care (M-F 7:30-5:30)	Day School (8:30-11:30)	Parents Morning Out (8:30-12:30)
<input type="checkbox"/> Infant <input type="checkbox"/> Toddler (1's) <input type="checkbox"/> 2's <input type="checkbox"/> 3's <input type="checkbox"/> 4's	2's OR 3's <input type="checkbox"/> TTH <input type="checkbox"/> MWF <input type="checkbox"/> M-F ----- 4's <input type="checkbox"/> MTW <input type="checkbox"/> M-F	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler (1's) ----- <input type="checkbox"/> M WF <input type="checkbox"/> TTh <input type="checkbox"/> M- F

Mother's Name: _____

Email: _____

Mother's Cell Phone: _____

Cell Phone **Provider:** _____

Father's Name: _____

Email: _____

Father's Cell Phone: _____

Cell Phone **Provider:** _____

IEP? YES NO Special Services? YES NO Medical Needs? YES NO

Starkville FUMC Member*: Yes No **Sibling currently enrolled in WDM:** Yes No

*SFUMC Church Members must complete the Church Member Verification Form and attach with this application to benefit from church member priority.

Please Note:

- Application fee: A **\$25 non-refundable fee** is to be paid when applying for the WDM waiting list. **PLEASE DO NOT EMAIL APPLICATION.** Check must accompany application.
- Applications will be filed in order of date received using Weekday Ministries priority guidelines.
- Preschool children are placed in classrooms based on their age on or before September 1 of the applicable school year.

By SIGNING BELOW, I understand when an opening for my child becomes available First United Methodist Church Weekday Ministries (WDM) will attempt to contact me by using the information provided for a period of 24 hours. If I cannot be reached or if I do not respond to the notification, WDM will contact the next name on the waiting list. WDM will make 3 offer attempts, which if declined or ignored, will nullify this application. I also agree that if my contact information changes, it is my responsibility to contact WDM with current information.

Parent's Signature _____

Date ____/____/____

Date Received ____/____/____	Time: _____ AM/PM	Staff Initials _____	Application fee \$ _____
(Ck # _____) Attempt 1: _____		Attempt 2: _____	Attempt 3: _____