

**Williamson's Chapel United Methodist Preschool
Waitlist Form**

Name of Child _____
(Last) (First) (MI) (Nickname)

Address:

Home Phone: _____ Date of Birth : _____

Cell Phone: _____

Parent's Name: _____

Email Address: _____

Please circle your preference:

- 1's MWF T/TH
- 2's MWF T/TH
- 3's MWF T/TH T/TH/F
- 4's M-TH T-F M-F
- Pre-K** M-F

****Please note there is a \$10.00 non-refundable waitlist fee. Should a space become available for your child the \$10.00 fee will be applied to the \$75.00 registration fee.****

Parent's Signature _____
(By signing above, I am stating my understanding and compliance with the waitlist and registration policies.)

Office Use Only:
 Registration Fee Rec. _____
 Date: _____
 Time: _____
 Check Number _____
 Cash/Receipt _____

Comments: