



## Waiting List Application

Child's Name \_\_\_\_\_ Due Date/ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_

Mom's Work Number \_\_\_\_\_ Cell # \_\_\_\_\_

Dad's Work Number \_\_\_\_\_ Cell # \_\_\_\_\_

First United Methodist Church Member?                      Yes                      No

If yes, when did you join the church?                      \_\_\_\_\_

Does a sibling currently attend ELC?                      Yes                      No

Do you have a child who previously attended ELC?                      Yes                      No  
(Sibling alumni is a child who attended ELC in the last 10 years)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please note:** There is a non-refundable waiting list fee of \$50.00 that must accompany this application. Payment of this fee in no way guarantees placement for your child at the Center.

For Office Use Only:

Date Received:

Check # & Amt: