Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Director use only)



**Waiting List Form**

**Methodist Day School P.O. Box 1234**

**Del Rio, TX, 78841**

**Attn: Ronda Kohut**

**Phone: (830) 774-0628** **Email:**

**fumc-dayschool@bizstx.rr.com**

Today’s Date:\_\_\_\_\_\_\_\_\_Click or tap to enter a date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name: Click or tap here to enter text. Name Usually Called:Click or tap here to enter text.

Date of Birth:Click or tap here to enter text. Age as of Sept.1st: Click or tap here to enter text.

Gender: Male: [ ]  Female: [ ]  Potty trained: Yes: [ ]  No :[ ]

Mailing Address:Click or tap here to enter text.

 (Please include street address, city, state and zip code)

E-Mail Address:Click or tap here to enter text.

Mother’s Name:Click or tap here to enter text.

Mother’s Cell Phone Number:Click or tap here to enter text.

Mother’s Work Phone Number/ext:Click or tap here to enter text.

Father’s Name:Click or tap here to enter text.

Father’s Cell Phone Number:Click or tap here to enter text.

Father’s Work Phone Number/ext:Click or tap here to enter text.

 Revised 04/12/17