



Waiting List Application

To be placed on our waiting list, return this form along with a \$25 wait list application fee.

Name of Child _____

Parent's Name _____

Birth date of Child _____ Age of Child at Date of application _____

Date of Application _____

Phone Numbers of Parent Home _____ Work _____ Cell _____

Address _____ Zip _____

Email Address _____

Please check the days preferred for 9:00 a.m. to 2:30 p.m. program:

5 day program Monday - Friday _____

3 day program M/W/F _____

2 day program T/Th _____

Extended Care:

Please check the categories if needed:

Morning Care 7:30 a.m.-9:00 a.m. ____ 2 day, T/TH ____ 3 day, M/W/F ____ 5 day

After Care 2:30 p.m.-5:30 p.m. ____ 2 day, T/TH ____ 3 day, M/W/F ____ 5 day

Desired Date of Enrollment _____

Check any items below that apply:

I am a Calvary United Methodist Church member _____

I have a child currently enrolled in YCS _____

I am a teacher or staff member of Calvary UMC _____

My child(ren) were previously enrolled in YCS _____

For office only:

Application fee _____

Date received _____