

First United Methodist Preschool
1008 Eleventh Street Santa Monica, CA 90403
(310) 395-7292



Preschool Wait List Application

(PLEASE PRINT)

Child's Full Name: _____ Birthdate: _____ Sex: _____

Parent's Full Name: _____ Best Phone: _____ Email: _____

Parent's Full Name: _____ Best Phone: _____ Email: _____

Home Address: _____ City: _____ Zip: _____

Other Phone: _____ Other Phone: _____

Are you a member of First United Methodist Church of Santa Monica? Yes No

Do you have a child currently attending our school? Yes No

Name of sibling(s) and when attended:

Would you like to be subscribed to the weekly preschool e-newsletter? Yes No

PRESCHOOL – ages 2 through 4 (Curriculum 9:00am – 12:30pm)

Half Day Program 8:30AM – 12:30PM 4 Mornings 5 Mornings

Full Day Program 8:30AM – 3:30PM 4 Full days 5 Full days

PRE-K – ages 4 & 5 only (Curriculum 9:00am – 12:30pm) – **5 DAY PROGRAM ONLY**

Half Day Program 8:30AM – 12:30PM 5 Mornings

Full Day Program 8:30AM – 3:30PM 5 Full days

Approximate date you would like to start your child _____

(over)

The Preschool and Pre-K morning program is available from 9am to 12:30pm. All children in this program must attend between 9am to 12:30pm (ages 2 through 5).

PLACING YOUR CHILD ON THE WAIT LIST **DOES NOT** GUARANTEE HIM/HER A PLACE IN THE PRESCHOOL. Preference is given to First UMC members and siblings of current or past students.

How did you hear about our school? _____

A \$50.00 NON-REFUNDABLE APPLICATION FEE IS DUE WHEN YOU APPLY.

Signature

Date

Print

OFFICE USE ONLY	Paid
<input type="checkbox"/> Acceptance letter sent _____	Check # _____
<input type="checkbox"/> Called _____	Date _____
<input type="checkbox"/> Called _____	Amount _____
<input type="checkbox"/> Called _____	<input type="checkbox"/> Cash _____
<input type="checkbox"/> Wants to wait until _____	
<input type="checkbox"/> Followed up _____	
<input type="checkbox"/> Not interested because _____	