

UMDS Waiting List Form **Today's Date:** _____

Child's Name: _____ Date of Birth: _____ Boy/Girl

Or due date: _____ Preferred start date: _____

Current Childcare Arrangement: (circle) NA Home Facility

If facility, please name: _____ How long? _____

Reason leaving? _____ Is tuition up to date there? Yes or No

Mother/Guardian: _____ Father/Guardian: _____

_____ Check if this parent has primary custody _____ Check if this parent has primary custody

_____ Check if court documentation received _____ Check if court documentation received

*If custody is shared by both parents/guardians, facility will abide by documentation provided on this form

Home Address: _____

Place of Employment: _____ Place of Employment: _____

How long employed: _____ How long employed: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

List any special needs your child may have (including health conditions, regular medicines, etc.):

Does your child have any allergies, including food allergies? _____

*Please check if you are a member of this church: Yes _____ No _____

*Is this child a sibling of a current Day School child: Yes _____ No _____

*Are you active and participating member of PSDUMC: Yes _____ No _____

We request that you call or drop by to update this form every six months. After six months with no update, form will be discarded and we will assume you have other arrangements.

Thank you for your interest in our Day School!

Signature: _____ Updates: _____/_____/_____/_____

