

**UMDS WAITING LIST FORM**

**TODAY'S DATE:** \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Circle: Boy/Girl

Or due date: \_\_\_\_\_ Preferred start date: \_\_\_\_\_

Current Childcare Arrangement: (circle) NA Home Facility

If facility, please name: \_\_\_\_\_ How long have they attended? \_\_\_\_\_

Reason leaving: \_\_\_\_\_ Is tuition up to date there? Yes or No

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Mother/Guardian: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Check if this parent has primary custody  
custody

\_\_\_\_\_ Check if this parent has primary

\_\_\_\_\_ Check if court documentation received

\_\_\_\_\_ Check if court documentation received

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

How long there: \_\_\_\_\_

How long there: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

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Does your child have any allergies, including food allergies?

\_\_\_\_\_

List any special needs your child may have, including health conditions, disabilities, medications, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please check if you are a member of PSDUMC: Yes \_\_\_\_\_

No \_\_\_\_\_

\*Please check if you are an employee of PSDUMC: Yes \_\_\_\_\_ No  
\_\_\_\_\_

\*Are you an active and participating member of PSDUMC? : Yes \_\_\_\_\_ No  
\_\_\_\_\_

\*Is this child a sibling of a current Day School or Afterschool Child? Yes \_\_\_\_\_ No  
\_\_\_\_\_

\*How did you learn about the Day School?  
\_\_\_\_\_

**Please update this form every six months.** After six months with no update, form may be discarded and we will assume you have other childcare arrangements. Thank you for your interest in UMDS!!

Signature: \_\_\_\_\_ Updates: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_