



"Train up a child in the way they should go..."

812 Kirkman Street
Lake Charles, LA 70601

Phone: (337) 433-4570
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Fed. ID #72-0423643

WAITING LIST APPLICATION

Child's Name: _____

Birth Date or Due Date: _____

Expected Start Date: _____ Child's Age @ Start Date: _____

Age Group: ___ Infants ___ Toddlers ___ 2 Yr olds ___ 3 Yr olds ___ Pre-K

Mailing Address: _____
(Street) (City) (Zip)

Email Address: _____

I hereby apply for placement of my child on the First Methodist School Waiting List. I understand that the completion of this form does not guarantee a spot for my child.

Parent's Signature

Date

Parent's Printed Name(s)

Sibling @ FMS FUMC member

Home Phone

Work Phone

Cell Phone

FOR OFFICE USE ONLY

Date notified of available position: _____

Payment: _____

___ Accepted ___ Rejected ___ Keep on List

___ Cash ___ Check # ___ CC ___