



"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: _____

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 I will be required to submit the registration fee when a position becomes available in order to secure the position for my child.

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)

Home Phone

Work Phone

Cell Phone/Pager

FOR OFFICE USE ONLY

Date notified of available position: _____

Payment: _____

Accepted Rejected Keep on List

Cash Check # _____ CC _____