



LTUMC Preschool WAIT LIST FORM

Child's Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Gender: M or F

Address: _____ City: _____ State: _____ Zip: _____

Mother's Last Name: _____ First Name: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Number: _____ Email Address: _____

Father's Last Name: _____ First Name: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Number: _____ Email Address: _____

Are you a member of Lake Travis United Methodist Church? Yes No

If No, do you attend another church? Name of church _____

Do you have a child who is currently enrolled in our program? Yes No

Have you ever had a child enrolled in our program? Yes No

How did you hear about our program? Website Parent Referral Other: _____

Please return this form (and the attached Preschool Family History form) along with a \$25 check (**non-refundable**) made payable to LTUMC Preschool. When you register to be on our wait list, it is for the current year. If you are called and decline a spot, your name will remain on the list but will be moved to the bottom. Questions? Contact our office at 512-266-2250.

Parent's Signature _____ Date _____

*Return this form and check to: **LTUMC Preschool, 1502 RR 620 North, Austin, TX 78734; (512) 266-0048 Fax***

For Office Use Only: Date Received: _____ Check Number: _____

Comments:



PRESCHOOL FAMILY HISTORY

Please fill out this form for and attach it to your wait list form. Please include all the children that have attended the preschool in the past. If you have had more than two children go through our school already, please provide the same information for additional children on the back of this form. If you have any questions, please call or visit the preschool office.

Child #1:

Name: _____ Date of Birth: _____ Start Date: _____

**Put a check next to each year this child attended the preschool (include this year). The days and teacher must be filled out.*

_____ Infant (days and teacher) _____

_____ Toddlers (days and teacher) _____

_____ 2's (days and teacher) _____

_____ 3's (days and teacher) _____

_____ 4's (days and teacher) _____

Child #2:

Name: _____ Date of Birth: _____ Start Date: _____

**Put a check next to each year this child attended the preschool (include this year). The days and teacher must be filled out.*

_____ Infant (days and teacher) _____

_____ Toddlers (days and teacher) _____

_____ 2's (days and teacher) _____

_____ 3's (days and teacher) _____

_____ 4's (days and teacher) _____

I am the parent/guardian of the child(ren) listed above. I understand that this form will be reviewed and I cannot make any changes after it is turned into the preschool office.

Parent's Signature _____ Date _____