



Lake Travis United Methodist Church Preschool
1502 Ranch Road 620 North
Austin, TX 78734
 (512) 266-2250 Phone
 (512) 266-0048 Fax
preschool@ltumc.org

WAIT LIST FORM

Child's Date of Birth ____/____/____

Child's Last Name _____ First Name _____ 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 Number ____ - ____ - ____

Cell Number ____ - ____ - ____ Email Address _____

- Are you a member of LTUMC? Yes ___ No ___
- If no, which church do you currently attend? _____
- Do you have a child currently enrolled in our preschool? 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, the Preschool Family History Form, and a non refundable \$25.00 check for the Wait List fee to LTUMC Preschool. When you register to be on our Wait List it is for the next available opening. If you decline the spot we offer but inform us that you wish to remain on the list, your name will be moved to the bottom of the list. Please review our **full Wait List Guidelines** on our website at www.ltumc.org under the preschool heading/waitlists.

Parent Signature _____ Date _____

For office only: **Date Wait List Form Received** _____ **Check Number** _____

Date offered	Spot offered	Email/Phone	Accept/Decline	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 _____