



First Methodist Preschool & MMO
Wait List Form

Child's Name: _____

Parent's Name: _____

Child's Date of Birth: ____/____/_____

School Year to be Enrolled: _____ - _____

Desired Class: _____ **2 Day (MMO)** **3 Day** **5 Day**

Phone Number: _____

Email Address: _____

Address: _____

Please include a Wait List Fee of \$25 with this form- Cash or Check (payable to FMC Preschool). You will receive notice of availability when a spot becomes available and will have 2 business days to complete Enrollment Application and pay the Enrollment Fee.

Parent Signature: _____

Date: _____

Directors Signature: _____

Date: _____