



## First Baptist Preschool Wait List Information Form

Date placed on the Wait List: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a church member? ( Circle one)                      Yes                      or                      No

Desired Classroom: \_\_\_\_\_                      Desired Start Date: \_\_\_\_\_

Wait list fee is \$20: Paid: ( Circle one)                      Check                      or                      Cash

Parent/Guardian Signature: \_\_\_\_\_