

Trinity Weekday Ministries
Wait List Application 2018-2019
Connie Hebert, Director

Date _____

Child's Full Name _____

Child's Birth Date _____ Age as of 9/1/18 _____ Male _____ Female _____

Address _____ City _____ Zip _____

Mother's Name _____ Father's Name _____

Cell # _____ Cell # _____

Are you a current member of Trinity United Methodist Church? YES NO

Do you currently have a child enrolled in Trinity Weekday Ministries? YES NO

Please list any special needs/allergies that your child has. _____

Days Preferred (2018-2019 School Year)

_____ **3 Days (Tuesday, Wednesday, Thursday)**

_____ **5 Days (Monday – Friday)**

_____ **Bridge Kindergarten (Monday – Friday)***

*Your child must be 5 years old by September 1st to be eligible for the Bridge Kindergarten program.

There is a waiting list fee of \$10 due at this time. Checks should be made payable to Trinity Weekday Ministries.

Signature of Parent or Legal Guardian

For Office Use Only:

Date received in the office:	_____	Action	_____
1 st attempt to contact on:	_____	Action	_____
2 nd attempt to contact on:	_____	Action	_____
3 rd attempt to contact on:	_____	Action	_____