

Vestavia Day School

After School Program

Waiting List Form

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ Address if different: _____

City _____ State ____ Zip _____ City _____ State ____ Zip _____

Home # _____ Cell # _____ Home # _____ Cell# _____

Email: _____ Email: _____

School your child attends: VHEE VHEW VHEDR

School Year _____ Grade your child will be in _____

Are you a member of Vestavia Hills UMC? Y N

When our office receives the form, the child's name will be placed on a waiting list for after school care. When we have an opening, you will be notified by a member of the VDS Staff. The \$20 wait list fee is non-refundable.

OFFICE USE:

Date Form Received: _____

VDS Staff Member: _____

Fee Received: _____