

Vestavia Day School

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: _____

Are you a member of Vestavia Hills UMC? Y N

When would you like your child to start? _____

When our office receives the form, the child's name will be placed on a waiting list for the appropriate class. When we have an opening, the director will contact the names listed above. If the parent/guardian elects to refuse the available spot, their names will be moved to the bottom of the waiting list. After two refusals, the parent's names will be permanently removed from the list. The \$40 wait list fee is non-refundable.

OFFICE USE:

Date Form Received: _____

VDS Staff Member: _____

Fee Received: _____