

Parent/Guardian Signature

Forms submitted before January 2nd will not be accepted.

	For Office Use Only
Date Recei	ved:
\$10 Wait List Fee Re	c'd:

ALDERSGATE UNITED METHODIST CHURCH DAY SCHOOL 2024-25 KINDERGARTEN WAIT LIST (FOR NEW FAMILIES)

Age of Child on 10/01/24:yearsmont	hs E-mail Add	ress:				
Child's Name: Last First		Birthdate:	Month			
Preferred Name: Mal						
Home Address: Street						
Street		City	St	ate	Zip	
Any special requests or information regarding your ch You may describe on the a separate piece of paper or via en	nild you would like nail to dayschool@a	to discuss wi ldersgate.net.	th the Directo	or? Y□		
PARENT/GUA ALL fields below MUST be filled in with either the	ARDIAN INFOR information reque		. Please do n	ot leave an	y blanks.	
Parent/Guardian #1:		Parent/Guardian #2				
Name	_ Name:	Name:				
Place of Employment:		Place of Employment:				
Cell □ N/A	Cell	□ N/A				
Work □ N/A	Work				□ N/A	
Child Resides Primarily with:		Current or P	rior Day Scho	ool Family	? Y 🗆	
Church Affiliation:		Please indicate if you are an				
AGREEMENT						
 I understand that a non-refundable Wait List Fostibular submitted at the time of this application. I understand that if accepted a non-refundable of \$2,500 is due no later than May 15, 2024 an \$953/mo from September 2024 through April 2. I understand if my kindergarten student is with be in writing and I understand neither the wait nor the advanced deposit is refundable. More withdrawal policies will be specified on the Ersent under separate cover. 	advanced tuition ad subsequent pay 2025 will be due. adrawn at any tim list fee, registrati information regar	e, it must on fee	\$10 f Ways to 1. PayPal- www.alc	fee is reco Pay Wait - (fee adde dersgate.ne ay Online" PayPal	List Fee: ed) go to et/dayschool and follow	

Date