

EARLY CHILDHOOD DEVELOPMENT CENTER
WAITING LIST FORM

FOR OFFICE USE ONLY
RECEIVED BY:
DATE RECEIVED:
REFERRED BY:
PAID:

Parent or Legal Guardians

Father's Name: _____

Mother's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Father's Information

Employer: _____

Occupation: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Mother's Information

Employer: _____

Occupation: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Child's Name: _____ Due Date/Birthday: _____

Sex of Child: M F

Exact age of child as of today's date: _____

Date you would like your child to start ECDC: _____

FUMC Member?: Yes No

Does your child have a documented medical diagnosis of a disability or a special need, and are you interested in our RISE Up Program?: Yes No

If yes, what is your child's diagnosis?: _____

PLEASE SUBMIT A ONE-TIME APPLICATION FEE OF $60 WITH THE WAITING LIST FORM TO THE ADDRESS BELOW.

Demetria Moore, Director
DPollard@FUMCMONTGOMERY.org

First United Methodist Church
2416 West Cloverdale Park
Montgomery, AL 36106

FUMCMontgomery.org
ECDC: 334-834-8964
FUMC Main Line: 334-834-8990

FIRST UNITED METHODIST CHURCH
MONTGOMERY, ALABAMA