

Date Received: _____
(Director use only)

Methodist Day School
P.O. Box 1234
Del Rio, TX, 78841
Attn: Ronda Kohut
Phone: (830) 774-0628
Email:
fumc-dayschool@bizstx.rr.com



Waiting List Form

Today's Date: _____

Child's Full Name: _____ Name Usually Called: _____

Date of Birth: _____ Age as of Sept.1st: 2yrs 3yrs 4yrs

Gender: Male: Female: Potty trained: Yes: No :

Mailing Address: _____
(Please include street address, city, state and zip code)

E-Mail Address: _____

Mother's Name: _____

Mother's Cell Phone Number: _____

Mother's Work Phone Number/ext: _____

Father's Name: _____

Father's Cell Phone Number: _____

Father's Work Phone Number/ext: _____