



Trinity Weekday Ministries Waiting List Application

Today's Date _____

Child's Birthdate ____/____/____ Male _____ Female _____

Child's Name _____ Phone # _____

Mother's Name _____ Father's Name _____

Mom's Work # _____ Mom's Cell _____

Dad's Work # _____ Dad's Cell _____

Address _____

City _____ Zip _____

Are you a current member of Trinity United Methodist Church? Yes _____ No _____

Do you currently have a child enrolled in the Day School? Yes _____ No _____

Do you currently have a child enrolled in the Play School? Yes _____ No _____

Days Preferred

Please rank your choices with 1 being your first choice.

_____ 2 days a week (Tues/Thurs)

_____ 3 days a week (Mon/Wed/Fri)

_____ 5 days a week (Mon-Fri)

_____ Bridged Kindergarten

Your child must be 5 by November 1st 2007 to be eligible for the bridged kindergarten program.

There is a waiting list fee of \$5 due at this time.
Checks should be made payable to Trinity Day School.