



EARLY CHILDHOOD DEVELOPMENT CENTER



WAITING LIST FORM

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FIRST UNITED METHODIST CHURCH
2416 WEST CLOVERDALE PARK
MONTGOMERY, ALABAMA 36106
WWW.FUMCMONTGOMERY.ORG

FOR OFFICE USE ONLY

RECEIVED BY: _____
DATE RECEIVED: _____
REFERRED BY: _____
PAID _____

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

Parent or Legal Guardians

Father's Name: _____ Mother's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Father's Employer: _____

Father's Occupation: _____ Work Number: _____

Mother's Employer: _____

Mother's Occupation: _____ Work Number: _____

Email Address: _____

Child's Name: _____ Due Date of Child/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

We do not administer medicine at ECDC.

We purge this form after one year.

