

Waiting List Form

Children's Enrichment Center

**First United Methodist Church
North Little Rock, Arkansas**

Name of Child _____

Name of Parent/Guardian _____

Email: _____

Cell phone: _____

Address: _____

Zip code: _____

General Information

Is the Parent/Guardian a Member of NLR First United Methodist Church? (circle one)

Yes No

Does Child have a sibling currently enrolled in CEC at NLR First United Methodist Church:

Yes No

Date needed to begin enrollment at CEC: _____