

UNITED METHODIST DAY SCHOOL ENROLLMENT/WAITING LIST APPLICATION

Child's Name: \_\_\_\_\_ (Boy/Girl) Due Date OR Birthday: / /

Address: \_\_\_\_\_ Preferred Start Date: / /

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

\_\_\_\_\_ Check if this parent has primary custody \_\_\_\_\_ Check if this parent has primary custody

\_\_\_\_\_ Check if court documentation received \_\_\_\_\_ Check if court documentation received

Please describe custody arrangement for school scheduling information: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Father's Address: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

How long working there: \_\_\_\_\_ How long working there: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

LIST ALLERGIES/SPECIAL NEEDS: (health conditions, disabilities, medications, food allergies, etc.):

The following people are authorized to pick-up and drop-off my child/children. Please circle the "E"  
IF you grant permission to this person to act as an emergency contact if parents cannot be reached.

E Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

E Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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E Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**E Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**E Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PLEASE CIRCLE YES OR NO**

- I am a member of PSDUMC. **YES/NO**
- I am employed at PSDUMC. **YES/NO**
- I am an active and participating member of PSDUMC. **YES/NO**
- Child applying is a sibling of a current Day School Student/Afterschool Student. **YES/NO**
- I have read AND agree to follow the UMDS Handbook (online and/or current issue) **YES/NO**
- I will provide 121 immunization form to UMDS before my child starts. **YES/NO**
- Child may be photographed at UMDS. **YES/NO**
- Photos may be shared in media (facebook, etc) **YES/NO**
- UMDS may obtain emergency treatment for this child. **YES/NO**
- Child is FULLY potty trained. **YES/NO**
- I understand no outside food and drinks may be brought in, except on special occasions. **YES/NO**

**PLEASE UPDATE BY PHONE OR EMAIL AT LEAST ONCE EVERY SIX MONTHS.**  
**THANK YOU FOR YOUR INTEREST IN UMDS. AFTER 6 MONTHS WITH NO**  
**UPDATES, THIS FORM MAY BE DISCARDED.**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECTOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

DIRECTOR USE ONLY: FORM UPDATED ON \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_

COMMENTS: \_\_\_\_\_

ENROLLMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_; START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_; WITHDRAWAL: \_\_\_\_/\_\_\_\_/\_\_\_\_