

Confidential Enrollment Information

School Year 20__-20__

Please Print

Operation Name: St. Philip's UMC Day School		Lic. #242168	Director's Name: Susan Smith	
Child's Name:		Child's Nickname:	Child's Gender: M F	Child's DOB:
Child's Home Address, City, State & Zip:			Date of Admission:	Date of Withdrawal:
Parent's or Guardian's Names:		Address (if different from child's):		
Mother's Telephone No. – Home:	Work:		Cell:	
Father's Telephone No. – Home:	Work:		Cell:	
Family Email Addresses:		Program Days & Hours:		
I hereby authorize St. Philip's UMC Day School to allow my child to leave the facility ONLY with the following persons. Please list names & telephone numbers for each. Child will only be released after verification of ID.				
Name:		Phone Number:		
Name:		Phone Number:		
Name:		Phone Number:		
Siblings & Ages:	Family Pets:		Language Spoken at Home:	
Tell us about any concerns that will help us to better know your child:				
Tell us some of your goals for your child this year:				
1. <input type="checkbox"/> Water Activities: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities that include: ♦ sprinklers ♦ splash/wading pools ♦ water table play				
2. <input type="checkbox"/> I acknowledge receipt of the St. Philip's UMC Day School Handbook of policies & procedures including discipline and guidance.				
3. <input type="checkbox"/> Directory: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for St. Philip's UMC Day School to publish my child's name, family name, address and phone number in the Day School Directory for distribution only to other Day School Families.				
4. <input type="checkbox"/> I acknowledge that parents provide the child's snacks and/or meals from home and the parent understands the Day School is not responsible for its nutritional value or for meeting the child's daily food needs				
Parent Involvement: St. Philip's UMC Day School welcomes and encourages parent and grandparent participation. Children are thrilled when their families come to their school to share. If you would like to bring your talents to share with your child's class, please let us know your area of interest.				
Mother's Occupation:		Father's Occupation:		
Please list parents' hobbies or areas of interest that you may be willing to share with the class (reading to class, crafts, musical instruments, etc.):				

Parent Signature:	Date:
-------------------	-------

For returning students ONLY:	
I certify that the above information is correct or I have made the appropriate changes. (One line to be signed yearly upon return to school.)	
Parent Signature:	Date:
Parent Signature:	Date:
Parent Signature:	Date:

Medical Release & Information

Child's Name:	Child's Date of Birth:
Admission Requirement: <i>Physician's Statement must be signed before admission. We can accept a separate signed and dated statement with the wording below.</i> This form may be emailed to: dayschool@spumc.com.	
Physician's Statement: <i>I have examined the above-named child within the past year and find that he/she is physically able to take part in a day care program.</i>	
Physician's Signature:	Date:

	This column for Day School Office Use ONLY
____ (initial) I have provided a copy of my child's most recent immunization record – Mandatory (yearly)	Date Received:
____ (initial) I have provided a copy of my child's Hearing and Vision Results (Students that are age 4 on or before September 1st need copy from physician) - Mandatory	Date Received:

Exemptions ____ (initial) I am excluding my child from the immunization requirements for reasons of conscience, including religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.
--

Special Needs: list any & all allergies, special medical conditions, long term medications, dietary considerations, etc. that may involve your child, Write None or N/A if there are none of any above.
--

Mother's Employer:	Father's Employer:
Insurance Company:	Insurance Company:
Policy Number:	Policy Number:

Emergency Contact Information If Parents cannot be reached (May not be a parent):		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name of Physician:	Address:	Phone:
Hospital Preference:	Address:	Phone:
____ (initial) Transportation: St. Philip's UMC Day School does not provide transportation; 911 will be called in the event of an emergency.		

My child has my permission to attend and participate in events sponsored by St. Philip's UMC Day School. I release St. Philip's UMC Day School and its officers, directors, employees, agents and representatives from any liability for bodily injury, illness or property damage which may occur, however caused, on these events. In the event that I cannot be reached, I give my consent for St. Philip's UMC Day School to secure any and all necessary emergency medical care for my child.	
Parent's Signature:	Date:

For returning students ONLY:	
I certify that the above information is correct or I have made the appropriate changes. (One line to be signed yearly upon return to school.)	
Parent Signature:	Date:
Parent Signature:	Date:
Parent Signature:	Date: