



First United Methodist Church  
Weekday Preschool  
REGISTRATION FORM

OFFICE USE ONLY:  
Reg pd \_\_\_\_\_  
Date \_\_\_\_\_  
Medical Report \_\_\_\_\_  
Immunizations \_\_\_\_\_

**Student Information**

Child's Full Name \_\_\_\_\_

Name to be called/written at school \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Child lives with:  Both Parents  Dad  Mom  Other \_\_\_\_\_

Name(s) & Age(s) of siblings \_\_\_\_\_

Pet(s) in home (name & kind) \_\_\_\_\_

Medical or Developmental Issues (allergies, hearing, eyesight, behavior, attention deficit, etc) \_\_\_\_\_

Fears, Worries, or Dislikes \_\_\_\_\_

**Father's Information**

Name \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Mother's Information**

Name \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

## AUTHORIZATIONS & RELEASES

Emergency Contact Information: *\*In the absence of parents, child can be released to:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child Pick up Authorization: *\*other than Parents & Emergency Contacts:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Is there a court order preventing anyone from picking up your child?     Yes     No  
*(If a court order exists, FUMC Weekday Preschool will need to be provided with a copy to keep on file.)*

Authorization to seek medical and dental treatment: Should an emergency arise, I authorize FUMC Weekday Preschool to seek medical and/or dental care for my child at the nearest medical facility. I understand that I am responsible for any financial expenses that may incur.

Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Field trip authorization: I give permission for my child to attend field trips scheduled by FUMC Weekday Preschool and authorized by the preschool director. I will be notified in advance of field trips and I will be responsible for any fees involved. If I choose to have my child not attend the field trip, I understand there will be no school on the day of the field trip.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PRESCHOOL CLASS OPTIONS

Mother's Morning Out is designed for walkers through 23 months. Your child should be 2, 3, or 4 years old by August 31 in order to enroll at subsequent levels. All classes meet from 9:00 until 12:00. Please mark the class you would like your child to attend below:

\_\_\_\_\_ MMO: Monday and Wednesday

\_\_\_\_\_ 2-year-old class: Tuesday and Thursday

\_\_\_\_\_ 3-year-old class: Tuesday and Thursday

\_\_\_\_\_ 3-year-old class: Monday, Wednesday and Friday

\_\_\_\_\_ 4-year-old class: Monday through Thursday

\_\_\_\_\_ 4-year-old class: Monday through Friday