



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 _____

PRE-SCHOOL 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: 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