

# FIRST UNITED METHODIST CHURCH WEEKDAY PRESCHOOL

## Enrollment Agreement

Summer Reg. (\$35) \_\_\_\_\_ Fall Reg. (\$65) \_\_\_\_\_

Registration Date: \_\_\_\_\_

Class: \_\_\_\_\_

### Child Information

**Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age (by August 31, 2015): \_\_\_\_\_ Gender: ☐ Male ☐ Female

Child's Address: \_\_\_\_\_

Child Lives With: \_\_\_\_\_ Custody: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### Emergency Contacts & Authorized Pickup Persons

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**4th Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### Medical Information

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: No \_\_\_\_\_ Yes: \_\_\_\_\_

I hereby grant permission to the staff of First United Methodist Church to provide emergency medical care for the above stated child in the event of an emergency. Emergency care may include, but is not limited to medications, examinations by a physician, surgeon, or EMS personnel. **Signature:** \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Additional information to help us care for your child: \_\_\_\_\_