

First United Methodist Day School Kindergarten Registration Form

Start Date _____

Child's Name

Last	First	Middle	Goes by
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Child's Address

Street	City	Zip
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Date of Birth

month	day	year	age	sex
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Mom's Name

Mom's address

Mom's phone #s

home	work	cell
------	------	------

Mom's E-mail

Mom's Employer

Dad's Name

Dad's address

Dad's phone #s

home	work	cell
------	------	------

Dad's E-mail

Dad's Employer

Person to Contact in emergency, if parent cannot be reached:

Name

Relationship

Phone #s

home	work	cell
------	------	------

Name

Relationship

Phone #s

home	work	cell
------	------	------

Doctor

Address

Phone #

If this Doctor cannot be reached, what action should be taken:

Hospital? _____

Other _____

Other children in the family and their ages:

Name	Age	Name	Age

Where did you hear about MDS? _____

Help Us Get to Know Your Child:

Please list any pets your child has: _____

What are your child's favorite activities? _____

What does your child enjoy doing with Mom? _____

What does your child enjoy doing with Dad? _____

Does your child play well alone? _____ In groups? _____

Are there any neighborhood playmates? _____ What ages? _____

What are your child's favorite TV shows? _____

Child's bedtime? _____ Child's wake-up time? _____

What behavior control do you use with your child? _____

Does your child take any medication regularly? _____ Please list: _____

Does your child have any problems with vision, hearing, or speech? _____ If so, please explain: _____

Has your child been cared for by someone other than immediate family? If so, who and how often? _____

Has your child previously attended another preschool or child-care facility? _____ If so, which one? _____

Please list three words that describe your child: _____

What do you hope your child will learn in kindergarten this year? _____

Permission to Use my Child's picture:

I, _____ parent/guardian of _____, give Methodist Day School/First United Methodist Church of Terrell permission to use pictures of myself and my child with or without a name in all promotional or informative and for any other purpose deemed necessary. I understand this includes all forms of media including but not limited to print, social and web.

Signature _____ Printed name _____

Date _____

**First United Methodist Day School
Medical Form**

Child's Name _____ Birth date _____ Sex _____
Address _____ Phone _____

Family Medical History:

Brothers _____ Age _____ Health _____
Sisters _____ Age _____ Health _____

Please list any family history of disease such as tuberculosis, rheumatic fever, convulsive disorder, allergies, etc. _____

Personal Medical History:

Has your child ever been seriously ill? _____ If yes, please explain in detail: _____

What childhood diseases has your child had? _____

Are there any allergies? _____

Does your child hear well? _____

Does your child see well? _____

Have you had your child's hearing and/or sight checked? _____
If yes, please explain _____

Is your child subject to any recurring ailment? _____

Please list any special medical situation we should be aware of: _____

Please list any emotional or behavioral problems we should be aware of: _____

Physician's Report:

The general health of the child was found to be _____

Physician's Signature: _____ Date _____

~Please attach a copy of your child's immunization record for our files~

**First United Methodist Day School
Permission for Field Trips**

Children may be taken on field trips. Parents will be notified in advance. All trips are carefully planned and supervised, and the school provides insurance coverage for every child. It will save time and expense of sending and collecting individual notes if you will sign this permission slip as part of your child's enrollment.

I give my permission to include _____
Child's name
in any field trip of _____
Name of school
planned and accompanied by teachers and parents of the school.

Signature: _____ Date _____

In order for our school to meet all our student needs and make school fun we need volunteers. Listed below are opportunities to get involved in the school. Please number 1-5 with 1 being your number one choice and number five being your last choice.

- Breakfast with Santa
- Bookfair
- Fall Festival
- Popsicles on the Playground
- PTO (min of 3 hours a month)
- Fundraisers
- Homeroom mom/dad
- Volunteer at the school
- Volunteer in the classroom
- Easter Egg Hunt
- Children's Sabbath
- Field Day
- Teacher appreciation
- Maintenance around the school

**First United Methodist Day School
Emergency Medical Treatment**

I authorize the Methodist Day School/First United Methodist Church of Terrell and chaperones to obtain emergency medical treatment as may be necessary during any school activity.

Child's Name _____

Parent's Signature _____ Date _____

We must have two original copies of this form. One is for your child's record and one is to take on all field trips.

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Child's Name _____

Parent's Signature _____ Date _____

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Authorization for Child Release

I give permission for the Methodist Day School/First United Methodist Church of Terrell to release my child to the following persons for transportation from school.

Name: _____	Phone #: _____
Name: _____	Phone #: _____
Name: _____	Phone #: _____
Name: _____	Phone #: _____

If your child will be picked up by another person, the school must be notified in writing for each instance one hour before dismissal.

I release Methodist Day School/First United Methodist Church of Terrell from responsibility for my child's welfare once he/she leaves the school.

Mother _____ Signature
Father _____ Signature

**First United Methodist Day School
Religious Information**

One of the goals of the Methodist Day School/First United Methodist Church of Terrell is to enhance the Christian education of all the children. In our weekly chapel service, we learn to express our faith through prayer, song and learning. We attempt to make the children aware of God's grace and love for each of them. Your answers to the following questions will enable us to serve better the needs of your child.

Child's Name _____

Does your child attend Sunday School? _____

Where? _____

Is your family active in a local church? _____

Which? _____

Are there specific spiritual concerns that you would like to be addressed in our chapel time? _____

John Chapter 11
Week of March 26-April 1, 2017

What Is Important to Know:

This important chapter contains the last of Jesus' signs in John. We might debate exactly what to call this sign. We tend to call it the "raising" of Lazarus. We will discuss that below. Jesus' delay may trouble us, but, in the narrative it builds suspense and demonstrates conclusively that Lazarus was really dead, and not like one of the stories we hear of people waking up in the morgue. One of the keys to the passage involves Jesus' conversations with the two sisters. On the one hand the two sisters demonstrate two reactions to grief. Some people, like Martha, need to think it through. Holding on to what they believe helps them. Others, like Mary, don't have the words, and simply cry. On the other hand, the conversations demonstrate John's theology of life and death. Martha's comment that Lazarus would rise "on the last day," affirms our belief in resurrection. John wants to make the important point that new life begins now, on this side of the resurrection. Jesus said in the previous chapter: "I came so that they could have life—indeed life to the fullest" (10:10). Lazarus is not really "raised" in the way that resurrection is a raising. We might describe the process as "reanimation." Lazarus gets his life back, and will die again. Lazarus receives the gift of life, so that he can experience abundance. This sign does not just demonstrate Jesus' power, but the present implications of abundant life in Jesus. One key is the grave clothes. When Jesus is raised in the chapter 20, his grave clothes are still in the tomb. Chapter 11 ends the "Book of Signs" part of John. Jesus is master over life and death. This sign causes a division among the people. Some believe, but others see only trouble. Jesus' presence threatens them.

What Does This Mean for Our Lives:

If we read carefully, we notice that Lazarus never says anything. We never hear about what he experienced in the four days in the tomb. We don't know how he experienced coming back alive. On the one hand, the chapter is about claiming life now, before the resurrection. Jesus makes the important statement in vs. 25, "I am the resurrection and the life." The present tense indicates that new life begins now, in our relationship to Jesus. However, the fact that we hear from Mary and Martha and not from Lazarus indicates that the passage is also about how we respond to the death of our loved ones. The promise of resurrection assures us that those who have died are not lost to us forever. We grieve, we cry, we try to console ourselves, but we also trust in the resurrection.

Questions for Reflection:

1. In what ways do we experience abundance of life now as we anticipate the fullness of the resurrection?
2. When have we said the words to God that both Mary and Martha say to Jesus, "if you had been here"? When have we insisted to God, "if only"? How do we deal with the situations in which "if only" something had happened, it would have turned out better? How do we feed our faith in those situations?
3. In what ways does the promise of resurrection console you in the death of people you love?