

First United Methodist Day School

Start Date \_\_\_\_\_

Pre-K 3 Registration Form

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

Phone #

Address

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?

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 school this year? \_\_\_\_\_

\_\_\_\_\_

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### 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 \_\_\_\_\_  
Methodist Day School - Terrell  
Name of school  
planned and accompanied by teachers and parents of the school.

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

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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)
- Other 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  
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  
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.**

**First United Methodist Day School  
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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.

**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? \_\_\_\_\_

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