

Pre-K 4 Registration Form

Child's Name

| | | | |
|------|-------|--------|---------|
| Last | First | Middle | Goes by |
|------|-------|--------|---------|

Child's Address

| | | |
|--------|------|-----|
| Street | City | Zip |
|--------|------|-----|

Date of Birth

| | | | | |
|-------|-----|------|-----|-----|
| month | day | year | age | sex |
|-------|-----|------|-----|-----|

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? _____

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 _____

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
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.

| | |
|--------------|-----------------|
| <u>Name:</u> | <u>Phone #:</u> |
| <u>Name:</u> | <u>Phone #:</u> |
| <u>Name:</u> | <u>Phone #:</u> |
| <u>Name:</u> | <u>Phone #:</u> |

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 _____ Father _____
Signature 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.

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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? _____
