First United Methodist Day School Start Date

 PreK-3 Registration Form

Child’s Name

 Last First Middle Goes by

Child’s Address

 Street City Zip

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| month   | day  | year  | age  |   | sex  |
|   |  |   |  |   |  |
|   |  |   |  |   |  |
| home   |  | work  |  | cell  |  |
|   |  |   |  |   |  |
|    |  |    |  |    |  |
|   |  |   |  |   |  |
|   |  |   |  |   |  |

Date of Birth

Mom’s Name

Mom’s address

Mom’s phone #s

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone #s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell

 Name

 Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone #s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:



 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

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.

**If your child will be picked up by another person, the school must be notified in each instance before school dismissal time. Please advise this person to bring picture ID to show the teacher or director.**

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.

 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

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_