

First United Methodist Day School
Kindergarten Registration Form

Start _____ Date _____

Child's Name

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

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

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:

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 _____

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 and/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 _____

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?
