

Office use only: Date received: _____ Class _____ Registration Fee paid: _____ Ck: _____ Cash: _____

Insurance card: _____ Shot records: _____ Parent Handbook: _____ Enrollment: _____ Consent: _____ Initials: _____

Funday School Enrollment Form

First United Methodist Church

Child's Name _____

Present Age: Years _____ Months _____ Date of Birth _____

Home Address: _____ City _____ Zip _____

Parent/ Guardian that Child Resides with: _____

Mother's Name: _____

Occupation: _____

Address: _____

Employer: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Driver's License #: _____

Email Address: _____

Father's Name: _____

Occupation: _____

Address: _____

Employer: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Driver's License #: _____

Email Address: _____

Pick Up Authorization: Please list everyone who is allowed to pick your child up from school. For your child's safety, we will ask to see a form of I.D. before releasing your child to anyone.

1. Name: _____ Relation to child: _____

Phone #: _____ Cell #: _____ DL #: _____

Name: _____ Relation to child: _____

Phone #: _____ Cell #: _____ DL #: _____

Name: _____ Relation to child: _____

Phone #: _____ Cell #: _____ DL #: _____

Name: _____ Relation to child: _____

Phone #: _____ Cell #: _____ DL #: _____

Person(s) who may **NOT** pick up my child: _____

Daily Report Email Consent

Please list all email addresses you would like for your child's daily reports and important school notes to be sent to. Email addresses must be associated with someone authorized to pick up your child.

Name: _____ Relationship to Child: _____

Email Address: _____

Name: _____ Relationship to Child: _____

Email Address: _____

Name: _____ Relationship to Child: _____

Email Address: _____

Funday School Photography Waiver

We will be using Funday School pictures throughout the year on social media, our website, and posted in the hallways and classrooms.

By signing below you are allowing Funday School to use your child's photograph in the aforementioned areas.

Yes, my child, _____, is able to be photographed with the photos being posted on Funday School sponsored sites or walls.

No, my child, _____, is NOT able to be photographed.

Parent Signature _____

Medical Consent Form

Child's Name: _____ Date of Birth: _____

Child's Physician: _____ Phone #: _____

Address: _____ City/Zip: _____

Child's Dentist: _____ Phone #: _____

Address: _____ City/Zip: _____

In case medical attention is needed for my child and neither parent can be reached by phone, I authorize the Funday School staff to take whatever emergency medical measured deemed necessary for the protection of my child while he/she is in their care. I understand this includes calling our Physician, implementing his/her instructions, and/or transporting my child to a hospital or clinic without first obtaining my consent. I will not hold the staff liable for any accident or injury to the child while in their care, provided it is not caused by the staff's negligence or willful acts.

Parent Signature

Date

Allergies or information the hospital/medical office may need to be aware of before treatment:

Emergency Contacts: Names of individuals to contact in the event of an emergency if neither parent can be reached.

1. Name: _____ Relation to child: _____

Phone #: _____

2. Name: _____ Relation to child: _____

Phone #: _____

3. Name: _____ Relation to child: _____

Phone #: _____

Teacher Information

Child's Full Name: _____

Name or Nickname child prefers to be called: _____

Birthday: _____

Mom's name: _____ Dad's name: _____

Step-mom: _____ Step-dad: _____

If parents are divorced, who does the child live with? _____

Siblings' names and ages: _____

Does your child have any seasonal, food, and/or insect allergies? Yes No

If so, please list. _____

Are there any medical conditions that we need to know about? _____

Is your child potty trained? _____ Training _____ Not at this time _____

Note: Children in the Lions & Shepherds classes (3 year olds) and Disciples & Samaritans classes (4 year olds) are required to be potty trained, including naptime.

Does your child nap/rest at home? _____ If so, how long? _____

Is this your child's first preschool experience? _____

Does he/she prefer playing with others or alone? _____

Toys he/she likes to play with: _____

Foods he/she likes to eat: _____

Music he/she likes to sing: _____

Books he/she likes to read: _____

What method of discipline do you use at home? _____

Is there anything else you want us to know about? _____

Thank you for helping us get to know your child a little better!



Parent Handbook Receipt

Dear Funday School Families,

You may access our Parent Handbook online at <https://www.fumcwaxahachie.org/get-involved/preschool>. If you would like a hard copy, please see the front office. Thank you for taking the time to read the Funday School Parent Handbook. Please sign and return this form to verify that you have read and understand the handbook. If you have any questions, please let us know. Thank you!

I have received and read the Funday School Parent Handbook.

Child's Name _____

Parent's Signature _____

Date _____

