

## 2022-2023 STUDENT ENROLLMENT

### STUDENT INFORMATION

Child's Name:	Preferred Name (if different):	Class: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Pre-K <input type="checkbox"/> Transitional Kindergarten
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate:	Primary Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Mother's Cell <input type="checkbox"/> Father's Cell
Home Address:		
City:	State:	Zip Code:
Has your child attended preschool before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, what preschool did your child attend?</i>		
Dates your child attended above preschool:		
How did you hear about our preschool?		

### FAMILY INFORMATION

Mother's/Guardian's Name:		
Address (if different than above):		
City:	State:	Zip Code:
Occupation:	Primary Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alternate Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email:		
Father's/Guardian's Name:		
Address (if different than above):		
City:	State:	Zip Code:
Occupation:	Primary Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alternate Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Email:		
Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Deceased		
Name, age, and gender of other children in the family:		
List any other persons living in your household and their relationship to your child:		

### EMERGENCY CONTACT INFORMATION

Please list information for local persons to be contacted in the event of an emergency or illness **if parents/guardians cannot be reached.**

Name:	Name:
Address:	Address:
City:      State:      Zip Code:	City:      State:      Zip Code:
Primary Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Primary Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Alternate Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alternate Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Relationship to Child:	Relationship to Child:

### HEALTH INFORMATION

Does your child have any known environmental, food, or insect allergies or special health/medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please list:</i>
--

Do your child's allergies or special health/medical conditions require preschool staff to monitor for symptoms, take action if a reaction occurs, or give emergency medication to your child? Yes No  
*If YES, an Emergency Care Plan (ECP) or equivalent form must be completed. If administering medicine, an "Authorization and Request to Administer Medicine at Preschool" form must also be completed for each medication.*

Do your child's allergies or special health/medical conditions prevent him/her from participating in the school-provided snack program?  
Yes No  
*If YES, a statement from the child's physician detailing specific dietary restrictions must accompany this form.*

**STAFF USE ONLY:**  ECP rec'd  Authorization and Request to Administer Medicine at Preschool rec'd  Physician Statement rec'd

Does your child have any special (non-allergy) dietary needs? Yes No  
*If YES, please explain:*

Has your child ever been evaluated for services for hearing impairment, speech delay, developmental delay, or special education services? Yes No  
*If YES, please explain:*

### AUTHORIZATION FOR THE EMERGENCY MEDICAL TREATMENT OF MINORS

I/We, being the parent(s) or guardian(s) of the above-named minor child, do hereby appoint all of First United Methodist Preschool to act in my/our behalf in authorizing emergency medical treatment (including, without limitation, dental, surgical and hospitalization) for the above-named minor in the event I/we am/are immediately unavailable to make such decisions.

Mother's/Guardian's Signature:

Date:

Father's/Guardian's Signature:

Date:

List any allergies, conditions, or other health concerns that would be needed to assist the staff or medical personnel in an emergency situation:

### HOSPITALIZATION COVERAGE

Preferred Hospital:

Insurance Company and/or Government Program:

ID or Contract Number:

### PHYSICIAN INFORMATION

Primary Care Physician:

Phone:

Dentist:

Phone:

Other:

Phone:

### PICK-UP PERMISSION

The person(s) listed below have permission to pick-up my child from Preschool. *Please notify the Director if your child will be picked up by someone not listed on this form.*

Name:

Phone #:

Relationship:

Name:

Phone #:

Relationship:

Name:

Phone #:

Relationship:

### OTHER PERMISSIONS

I give permission for my child to receive first aid for minor injuries from the teachers at First United Methodist Preschool. The teacher will determine whether it is necessary or appropriate to notify the parent/guardian immediately or at pick-up time.

*Please initial the appropriate response.*

Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for First United Methodist Preschool to take my child on field trips, and I understand I will be notified when these trips occur.	Yes _____ No _____
I give permission for my child to be photographed/recorded while at preschool or on a preschool related trip. I understand the resulting photographs and videos will be used only for purposes directly related to First United Methodist Preschool, and I authorize such use.	Yes _____ No _____
<b>SIGNATURES</b>	
Mother's/Guardian's Signature:	Date:
Father's/Guardian's Signature:	Date:
<b>FOR OFFICE USE</b>	
Date received: _____ Initials: _____ September Tuition Received: _____ Check #: _____	
<i>New students only: Birth Certificate Received _____</i>	