



DATE: _____

2 months to 3 years old (by Sept. 1, 2018)

School day 9 am-2 pm MW TTh TWTh MTWTh
Before care 8:30 am-9 am MW TTh TWTh MTWTh
After care 2 pm-3:30 pm MW TTh TWTh MTWTh

Pre-K (4 years old by Sept. 1, 2018):

9 am-2 pm TWTh MTWTh
 8:30 am- 9 am TWTh MTWTh
 2 pm-3:30 pm TWTh MTWTh

Day School t-shirt size (circle one): 2T 3T 4T 2-4 6-8 10-12

All blanks MUST BE FILLED IN. If something does not apply, please put "N/A" in the blank.

Student's Name _____ Age as of Sept. 1, 2018 _____

Sex _____ Date of Birth ____/____/____ Home Phone (____) _____

Address _____ City _____ Zip Code _____

Email Address _____

Father's Name _____ Work/Cell Phone _____

Place of Employment _____ Address _____

Mother's Name _____ Work/Cell Phone _____

Place of Employment _____ Address _____

Other Children's Names & Ages _____

Emergency Notification (other than parents):

1. Name _____ Phone _____

Relationship _____ Address _____

2. Name _____ Phone _____

Relationship _____ Address _____

Authorized Pick-up:

Parent: _____ Parent: _____

Others:

1. Name _____ Phone _____

Relationship _____

2. Name _____ Phone _____

Relationship _____

Current Church Home _____

Is either parent an employee of FUMC Hurst? _____ If yes, what is the average number of hours worked per week? _____

IN THE EVENT EMERGENCY TREATMENT IS NEEDED, this child will be treated at Texas Health Harris Methodist Hospital – HEB, unless otherwise notified.

LIST ANY ALLERGIES, SERIOUS ILLNESSES, INJURIES, OR HOSPITALIZATIONS during the past 12 months and medications prescribed for long-term use:

Physician _____ Phone _____
Address _____

PERMISSION AND AGREEMENTS

I hereby give permission for _____ to participate in all activities.
(Name of Child)

I hereby agree that in case of illness or accident requiring a physician's immediate attention, and if I cannot be contacted by the school, _____ at _____
(Physician) (Phone)

may be called and is authorized to treat my child. If the above doctor cannot be reached, I give permission for the doctor designated by the program to administer treatment at my expense. I understand and accept the policies, the above permission given, and the agreement made with the First United Methodist Day School program. I release the church from liability for injury or illness under all circumstances, save gross negligence.

Parent's Signature _____ Director _____
Date _____

PARENT ACKNOWLEDGEMENT: *Please initial each entry and sign at bottom.*

_____ My child has permission to participate in all activities scheduled by the Day School. I release the Church and staff from all liabilities. I have read the brochure, and I am aware of the policies and my financial obligation to the Day School for the school year.

_____ I understand that my signature may be used as an authorization for medical emergency treatment.

_____ I understand I must provide a daily lunch and snack for my child and that Day School is not responsible for meeting my child's nutritional or daily food needs. I also understand that the Day School is a peanut free and tree nut free facility.

Parent's Signature _____ Director _____
Date _____

FOR OFFICE USE ONLY

Regular Classroom _____ Before School Classroom _____ After School Classroom _____
Tuition _____ Supply fee (per semester) _____ Registration Fee _____ Date registered _____
Reg Fee paid date _____ cash/ck/cc _____ Fall SF paid date _____ cash/ck/cc _____
Tuition discount amount _____ Discount reason _____