



DATE: _____

2 months to 3 years old (by Sept. 1, 2019):

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, 2019):

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: 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, 2019 _____

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

Student's address _____ City _____ Zip Code _____

Email Address _____

Father's Name _____ Work/Cell Phone _____

Home address (if different from student) _____

Place of Employment _____

Mother's Name _____ Work/Cell Phone _____

Home address (if different from student): _____

Place of Employment _____

Other Children's Names & Ages _____

Emergency Notification (other than parents):

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

Authorized Pick-up:

Parent: _____ Parent: _____

Others:

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

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/INTOLERANCES, SERIOUS ILLNESSES, INJURIES, OR HOSPITALIZATIONS during the past 12 months and medications prescribed for long-term use: *ALL ALLERGIES REQUIRE AN ALLERGY EMERGENCY CARE PLAN COMPLETED AND SIGNED BY YOUR CHILD’S PHYSICIAN.

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 _____ may be called and is authorized to treat
(Physician) (Phone)

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 _____ 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 give permission for FUMC Hurst Day School to take photographs and videos of my child during his/her enrollment and to use these materials for its business or activity purposes. FUMC Hurst Day School retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment. The manner in which photos and videos may be displayed include but are not limited to: classroom displays, artwork, bulletin boards in the school, our Facebook page, and school and church publications. FUMC Hurst Day School takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful, safe, and secure manner appropriate under the particular circumstances.

_____ 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 _____ 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 _____