

# FALL/SPRING 2011-2012 ENROLLMENT FORM

## FIRST UNITED METHODIST CHURCH DAY SCHOOL

801 West Avenue B  
 Garland, Texas 75040-6216  
 Telephone 972-494-3096  
 www.fumcgarland.org

For Office Use Only:  
 Date of Admission \_\_\_\_\_  
 Fee: \$ \_\_\_\_\_  
 Check No. \_\_\_\_\_ Cash \_\_\_\_\_

*Place a check by the options your child will be attending.  
 Age refers to child's age as of September 1, 2011*

**DAY SCHOOL**  
**Monday, Wednesday, Friday 9:00—2:00**  
 3 year olds 3 days  
 4 year olds 3 days

**Enrollment Fee**  
 Day School \$150 due with enrollment form

**Supply Fee** \$30 due by August 1st

**Tuition**  
 3 Day Class \$265 paid monthly September - May

The enrollment fee is payable before a child is accepted upon registration.  
 Tuition is due the first session of each month. There will be a \$10/day late fee added to monthly payments made after the 10th of the month.  
 Parents are responsible for payment until the program is notified in writing that the child is being withdrawn.

*I would like to receive more information regarding:*

Early Arrival  
 Extended Day

Child's Full Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_ Child's Home Telephone No. \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Parent's or Guardian's Name \_\_\_\_\_ Address (if different than child's address) \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Parents' Marital Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Single

If separated, who has custody of the child? \_\_\_\_\_  
*In the event that one parent is the sole legal guardian, we must have a copy of a legal document evidencing this authority.*

Give the name, address and phone number of person to call in case of an emergency if parents/guardian cannot be reached \_\_\_\_\_ Relationship \_\_\_\_\_

*List email addresses where the school and your child's teacher may contact you.*

Primary email \_\_\_\_\_ Alternate email \_\_\_\_\_

I hereby authorize FUMC Day School & Mother's Day Out to allow my child to leave the facility ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. List telephone numbers below where parents/guardians may be reached while child will be in care.

Mother's Name _____	Phone No. _____	Driver's License No. _____
Father's Name _____	Phone No. _____	Driver's License No. _____
Guardian's Name _____	Phone No. _____	Driver's License No. _____
Name _____	Phone No. _____	Driver's License No. _____
Name _____	Phone No. _____	Driver's License No. _____

## AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I cannot be reached to make arrangements for medical treatment, I authorize any representative of the First United Methodist Church Day School to administer first aid and/or transport \_\_\_\_\_ (my child) to the nearest hospital or emergency treatment clinic. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital, or emergency treatment clinic (health care provider), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release FUMC Day School any health care provider, and any of their respective agents, employees, officers, or representatives from any and all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization.

Signature of parent or legal guardian (MUST BE SIGNED BEFORE NOTARY PUBLIC)

Date

Notary Public:

Sworn to and subscribed before me this

Seal:

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
(Print or type name)

## SPECIAL CONCERNS

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Does your child have:

\_\_\_ Epilepsy \_\_\_ Asthma \_\_\_ Hyperactivity \_\_\_ Diabetes \_\_\_ Convulsions

Does your child have allergic reaction to:

\_\_\_ Penicillin \_\_\_ Insect Bites \_\_\_ Foods (please specify) \_\_\_\_\_

## MEDIA PERMISSION

First United Methodist Church Day School staff may take pictures/video of the children at our programs and special events throughout the year. This media is primarily used for classroom crafts, bulletin boards, and special events. In addition to program activities, do you give permission for First United Methodist Church Day School to use the media for purposes of publicizing our program? Examples of publicity include our brochures, website, and mailings. Permission is for images only. Names of children will NOT be used.

Yes, First United Methodist Church Day School has my permission to use my child's media in communication and publicity materials. This agreement is for photos only. My child's name will not be used.

No, First United Methodist Church may not use my child's media in communication and publicity materials.

In addition, I hereby give permission for my child to participate in any activities which constitute a part of FUMC Day School, whether such activities take place on FUMC property or elsewhere. I hereby release FUMC Day School, its agents, employees, officers, and representatives from any and all liability which might arise out of my child's participation in the FUMC Day School.

Yes, I give permission for my child to participate in any activities of First United Methodist Church Day School, either on FUMC property or elsewhere

No, I do not give my child permission to participate in the activities of First United Methodist Church Day school.

I have read and accept the policies and regulations of the First United Methodist Church Day School printed on this form as well as those printed in the Day School brochure, and I release it from any and all liability resulting from conditions or circumstances beyond its control.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date