First United Methodist Childcare Ministry

Learning Tree School

Enrollment Form

Child's Information:

Child's Name: _____ Birth Date: _____

Address: _____ Phone: _____

City/State: _____ Zip: _____

Registration for which class(es):

☐ **Willow** – Toddlers ☐ **Tulip Tree** – 2's ☐ **Sycamore** – 2's/3's

☐ **Pine** – 3's ☐ **Cedar** – 4's ☐ **Dogwood** (am) – 3's/4's/5's

☐ **Dogwood** (pm) – 3's/4's/5's ☐ **Maple** – Pre-K 3-day ☐ **Oak** – Pre-K 4-day

Family/Guardian Information:

Mother's/Guardian's Name: _____ Cell Phone: _____

Address (if different than child's): _____

Employer: _____ Daytime Phone: _____

Father's/Guardian's Name: _____ Cell Phone: _____

Address (if different than child's): _____

Employer: _____ Daytime Phone: _____

Siblings' Names: _____ Age: _____

_____ Age: _____

_____ Age: _____

Please tell us about any special family situation(s) that would be helpful in relating to your child (i.e. adoption, step-parent, child custody, etc.): _____

_____

Emergency Contact Information:

Other than parents or guardians, persons to contact in case of emergency:

Name: _____ Relationship: _____

Address: _____ Daytime Phone: _____

Name: _____ Relationship: _____

Address: _____ Daytime Phone: _____

Medical Information:

Child's Doctor: _____ Phone: _____

Address: _____

I hereby authorize the school to seek medical help for or give emergency medical care to my child.

Signed: _____ Date: _____

Please share with the FUMCM Director and/or the FUMCM Assistant Director any significant changes in your child's health or exposure to any communicable diseases.

Authorization to Release Information:

We will not release your child to any person without parent/guardian authorization. The following persons are authorized to pick up my child (put additional names and phone numbers on the back):

Name: _____ Daytime Phone: _____

Name: _____ Daytime Phone: _____

Please keep the FUMCM Director and/or the FUMCM Assistant Director up-to-date on any changes in address, phone numbers, or authorization of person who have permission to pick up your child. Information on this enrollment form will be kept in your child's confidential school file.

_____ Registration Fee Paid Date Paid _____