

Trinity United Methodist Preschool

Student Enrollment Application

2012-2013

Welcome to Trinity United Methodist Church Preschool, a ministry of Trinity United Methodist Church. Please answer all questions completely and legibly. This information will help us serve you better and develop a positive relationship with your child. It is the responsibility of the parents to keep the information on this form current and up to date.

Child's Full Name _____ Preferred Name _____

Street Name _____ City _____ Zip _____

Mailing Address (if different from above) _____

Home Phone Number (with area code) _____

Cell Phone Number (with area code) _____

Date of Birth _____ Place of Birth (City and State) _____

Sex: (please circle) Male Female

Parent email address _____

(Newsletters, Reminder Notes and Preschool Updates will be sent via email)

Family and Home Life Data

Description of Family Unit (please circle one): Lives with both parents Lives with mother
Lives with father Lives with one parent and one-stepparent

Other arrangements (please explain) _____

Parental Information

Father's Full Name [whether in home or not] _____

Home Address _____ City _____ State _____

Zip _____

Home Phone Number (with area code) _____

Cell Phone (with area code) _____

Work Phone (with area code) _____

Place of Employment _____ Title _____

Mother's Full Name [whether in home or not] _____

Home Address _____ City _____ State _____

Zip _____

Home Phone Number (with area code) _____

Cell Phone (with area code) _____

Work Phone (with area code) _____

Place of Employment _____ Title _____

Parents Marital Status: Single Married Separated Divorced

Widow/Widower Remarried (Spouse's name) _____

If divorced, please describe custodial arrangements

(Note: If custodial arrangements have been made by the court system, we MUST have a copy of all legal documentation regarding custodial arrangements in order to abide by what has been described above.)

Siblings

Please list all siblings [list last names if different than that of the aforementioned child]:

Name	Age	School	Grade
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- 1.
- 2.
- 3.
- 4.
- 5.

Please list other adults in the household, if applicable

Name	Relationship to child
------	-----------------------

- 1.
- 2.
- 3.
- 4.

Home Church Information

Are you currently a member of a church? (Please circle one) Yes No

If yes, please list your church's name and address:

Are you looking for a church family? Yes No

Would you like to be contacted by the Pastor of Trinity United Methodist Church? (Please circle one) Yes No

Developmental Information

Have there been any significant difficulties, changes or crises in the family, such as accidents or medical problems, divorce/separations, major traumas or illnesses that may have affected your child emotionally? (If yes please explain)

Has your child attended any other group setting? Childcare Preschool Church Nursery

If yes, where? _____

What is your child's favorite:

Toy? _____

Book? _____

Pet? _____

Person? _____

Object they like to hold? If yes, please list _____

Does your child have any particular fears? _____

Does your child have nightmares or night terrors? Yes No

What word does your child use for bowel movement? _____

What word does your child use for urination? _____

Are there any words or expressions that your child uses that may not be understood by our staff members? If so, please describe

To the best of your knowledge, does your child have any language difficulties? Yes No

Diagnosed Learning Disabilities? Yes No

If yes, please list and describe the care or treatment that they receive (d).

Emotional disturbances? _____

Physical handicaps? If yes, please describe

Is your child potty trained? Yes No

Does your child have choking tendencies? Yes No

Does your child eat unaided? Yes No

Does your child have any **FOOD** allergies? Yes No If yes, please list _____

Does your child have any **Non-Food** allergies? Yes No

If yes, please list _____

Does your child need to have medicine administered at preschool? Yes No

If yes, please list name of prescription and reason for taking

Does your child use an Epi Pen? Yes No

Any birth difficulties? Yes No If yes, please explain _____

Is there anything not listed above in your child's developmental history that we should be aware of? If so please explain _____

Dismissal Information

The following people are the **ONLY** authorized persons allowed to pick up my child, with written notice, and proper identification (valid driver's license, and student ID badge will be checked) from Trinity United Methodist Preschool:

Name	Address	Phone number
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1.

2.

3.

4.

5.

6.

Does your child have any pickup restrictions (custody agreements, family restraining or court ordered visitations)? Documentation **MUST** be provided.

Yes No

If yes, please explain _____

It is the parent's responsibility to keep this list up to date. If a person is not willing to show proper identification they will be unable to remove the child from the center. A person attempting to remove a child from the center that is not on this list will be not allowed to do so. If a child is being held at the center for this reason and the child remains here after 12:10 all late fees (as described in the Parent Handbook) will apply.

Parent Signature _____ Date _____

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M F Sex
Parent's/Guardian's Name	Parent's/Guardian's Name	
() Home Phone	() Work Phone	() () Home Phone Work Phone
Address	Address	
City, ST ZIP Code	City, ST ZIP Code	

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
() Home Phone	() Home Phone
() Work Phone	() Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference	
Physician's Name	Phone Number
Dentist's Name	Phone Number
Allergies/Special Health Considerations (Please include food and non-food allergies)	

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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I give permission for my child to go on field trips. I release Trinity United Methodist Preschool and individuals from liability in case of accident during activities related to Trinity United Methodist Preschool, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
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Witness Signature	Date
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Statement of Religious Beliefs

I understand that by enrolling my child in Trinity United Methodist Church Preschool, my child will be exposed to the aforementioned Christian teachings. I knowingly have enrolled my child in Trinity United Methodist Church Preschool and understand that the following will be taught at Trinity United Methodist Church Preschool: Christian teachings, worship, family and social principles according to the Book of Discipline of The United Methodist Church 2008 (page 161-B, page 162-F, and page 162-F paragraph 2*), daily curriculum, pledge to the Christian flag, pledge to the Bible, Jesus as our Lord and Savior, the Holy Trinity as one entity, the Apostle's Creed, and the belief that Jesus is the Son of God. I understand that by signing this form, I agree to my child being exposed to these beliefs. If I do not follow the same beliefs, I understand that my child may be exposed to beliefs that contradict my own.

Student's Name: _____ (please print)

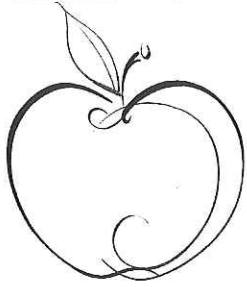
Parent's Name: _____ (please print)

Parent's Signature _____

Date: _____

The United Methodist Church Book of Discipline 2008 states:

- Page 161B –We support laws in civil society that define marriage as the union of one man and one woman.
- Page 162 F– Although all persons are sexual beings whether or not they are married, sexual relations are affirmed only when the covenant of monogamous, heterosexual marriage.
- Page 162 F paragraph 2– The United Methodist Church does not condone the practice of homosexuality and consider this practice incompatible with Christian teaching. With that said, we implore families and churches not to reject or condemn lesbian and gay members and friends. We commit ourselves to be in ministry for and with all people.



Photograph and Video Consent Form 2012-2013

_____ Yes, you have my consent to take photographs of my child throughout the year. This is including, but not limited to classroom, field trip, and party activities. I understand that these photographs may be used on the Trinity UMC Preschool/Church website. I understand that the names of children will not be used in any web site or advertising.

_____ No, you do not have my consent to take photographs of my child throughout the school year. This includes classroom activities, field trips, and party activities. I do not want my child's picture on the preschool/church web site. I understand the names of children will not be used.

Child's name: _____

Parent's printed name: _____

Parent's signature : _____ Date: _____

Receipt of Parent Handbook Form 2012-2013

This form must be filled out and returned by your child's 1st day of school.

I have received and read the Parent Handbook for the year 2012-2013. I understand that by signing this document I am agreeing and adhering to the policies and procedures outlined by Trinity United Methodist Preschool in the Parent Handbook. I also agree that I am responsible for notifying any parties picking up and/or dropping of my child(ren) of all applicable policies and procedures outlined in the Parent Handbook as well.

Name _____

Date _____