

**Weekday Preschool Registration
First United Methodist Church**

GENERAL HISTORY

Child's Name _____ (Please underscore name child is called)	Date of Birth _____	
Address _____ () _____	City _____	Zip Code _____
Home Phone _____		
Present Age (Years) _____	Months _____	Height _____
		Weight _____
Father's Name _____	Education _____ () _____	
Occupation/Employer _____	Business Phone _____	Cell Phone _____
Mother's Name _____	Education _____ () _____	
Occupation/Employer _____	Business Phone _____	Cell Phone _____
Church Membership (Father) _____	Mother _____	
Does child attend church school? _____ Where? _____		
Does child live with both parents? _____ If not, which one? _____		
		If deceased, give date _____

OFFICE USE ONLY			
Reg. Fee _____	Imm. Rec. _____	Date registration received: _____	Birth Cert. _____
		Enrollment Pkg. _____	

I have received and read the financial policies for First United Methodist Church Preschool.

Parent's/Guardian's Signature Date _____

FIELD TRIP CONSENT FORM

The Preschool classes at First United Methodist Church will be participating in several field trips throughout the school year. The children will always be accompanied by the teachers and adult chaperoned. The children will be transported in the church van or in the vehicles of the adult chaperoned and will be secured in the vehicle's safety belt. If you prefer that your child ride in a car seat, you will be responsible for providing the seat. If the location is close to the church, we will be walking together as a group. Parents and guardians are always encouraged to join us for the field trips.

I give permission for my child to participate in field trips with the First United Methodist Church Preschool. I understand that he/she will be transported in the church van, in the vehicles of adult chaperoned, or will walk with an adult chaperon.

Parent's/Guardian's Signature Date _____