

**First United Methodist Church of Warsaw
Pre-Kindergarten Enrollment Form**

Choose preferred session:

a.m. (MW)_____ (TR)_____ p.m. (MW)_____ (TR)_____

Child's Name	Birthdate
Physical Address (Street, City, State, Zip)	
Mailing Address (If different from above)	

IDENTIFYING INFORMATION	
Mother's Name	Home Phone ()
Physical Address (Street, City, State, Zip)	
Mailing Address (If different from above)	
Employer	Business Phone ()
Physical Address (Street, City, State, Zip)	Hours of employment
Father's Name	Home Phone ()
Physical Address (Street, City, State, Zip)	
Mailing Address (If different from above)	
Employer	Business Phone ()
Physical Address (Street, City, State, Zip)	Hours of employment

EMERGENCY CONTACT(S) (Other than parent(s) or doctor)	
Name	Phone ()
Physical Address (Street, City, State, Zip)	
Name	Phone ()
Physical Address (Street, City, State, Zip)	

PERSON(S) AUTHORIZED TO PICK YOUR CHILD UP FROM PRE-SCHOOL	
Name	Name

UMC TRANSPORTATION
<input type="checkbox"/> Yes, my child will be riding the 1 st UMC van to or from childcare. (Please read the parent handbook regarding their transportation policy.)
Childcare Facility Name & Address:

PLEASE COMPLETE BACK.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows:

Doctor/Clinic Name	Telephone ()
Preferred Hospital Name	Telephone ()

FIELD TRIPS AND TRANSPORTATION

I Do I Do Not

Give consent for my child to take part in field trips or excursions with this child care facility under proper supervision. It is my understanding that I will be notified when such trips are planned.

AGREEMENTS

- A. I have been informed of the required health and safety inspections and that the inspection forms are available for review.
- B. When my child is ill, I understand and agree that my child may not be accepted for care.

Parent/Legal Guardian Signature

CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS

Any allergies, special medical conditions, including chronic health problems

Any special medications and/or restrictions

This certifies that my child, is to my knowledge, in good health and free of disabilities that would endanger him/her or other children in a pre-kindergarten program.

Parent/Legal Guardian Signature

Date

FOR OFFICIAL USE ONLY

Admission Date

Discharge Date

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.