



DATE: \_\_\_\_\_

**2 months to 3 years old (by Sept. 1, 2020):**

**School day**      9 am-2 pm      TTh      MWF      MTWThF  
**Before care**      8 am-9 am      TTh      MWF      MTWThF  
**After care**      2 pm-3:30 pm      TTh      MWF      MTWThF

**Pre-K (4 years old by Sept. 1, 2020):**

9 am-2 pm      MWF      MTWThF  
 8 am- 9 am      MWF      MTWThF  
 2 pm-3:30 pm      MWF      MTWThF

**Day School t-shirt size** (circle one): 2T    3T    4T    2-4    6-8

All blanks MUST BE FILLED IN. If something does not apply, please put "N/A" in the blank.

Student's Name \_\_\_\_\_ Age as of Sept. 1, 2020 \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Student's address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Work/Cell Phone** \_\_\_\_\_

Home address (if different from student) \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Work/Cell Phone** \_\_\_\_\_

Home address (if different from student): \_\_\_\_\_

Place of Employment \_\_\_\_\_

Other Children's Names & Ages \_\_\_\_\_

**Authorized to Pick-up/Emergency Notification:**

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Others:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Current Church Home \_\_\_\_\_

Is either parent an employee of FUMC Hurst? \_\_\_\_\_ If yes, what is the average number of hours worked per week? \_\_\_\_\_

**IN THE EVENT EMERGENCY TREATMENT IS NEEDED**, this child will be treated at Texas Health Harris Methodist Hospital – HEB, unless otherwise notified.

**LIST ANY \*ALLERGIES/INTOLERANCES, SERIOUS ILLNESSES, INJURIES, OR HOSPITALIZATIONS** during the past 12 months and medications prescribed for long-term use: \*ALL ALLERGIES REQUIRE AN ALLERGY EMERGENCY CARE PLAN COMPLETED AND SIGNED BY YOUR CHILD'S PHYSICIAN.

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Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**PERMISSION AND AGREEMENTS**

I hereby agree that in case of illness or accident requiring a physician's immediate attention, and if I cannot be contacted by the school, \_\_\_\_\_ at \_\_\_\_\_ may be called and is authorized to treat \_\_\_\_\_ (Physician) \_\_\_\_\_ (Phone) my child. If the above doctor cannot be reached, I give permission for the doctor designated by the program to administer treatment at my expense. I understand and accept the policies, the above permission given, and the agreement made with the First United Methodist Day School program. I release the church from liability for injury or illness under all circumstances, save gross negligence.

Parent's Signature \_\_\_\_\_ Director \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

**PARENT ACKNOWLEDGEMENT:** *Please initial each entry and sign at bottom.*

\_\_\_\_\_ My child has permission to participate in all activities scheduled by the Day School. I release the Church and staff from all liabilities.

\_\_\_\_\_ I understand that my signature may be used as an authorization for medical emergency treatment.

\_\_\_\_\_ I give permission for FUMC Hurst Day School to take photographs and videos of my child during his/her enrollment and to use these materials for its business or activity purposes. FUMC Hurst Day School retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment. The manner in which photos and videos are displayed include but are not limited to: classroom displays, artwork, bulletin boards in the school, social media, and school and church publications. FUMC Hurst Day School takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful, safe, and secure manner appropriate under the particular circumstances.

\_\_\_\_\_ I understand I must provide a daily lunch and snack for my child and that Day School is not responsible for meeting my child's nutritional or daily food needs. I understand that the Day School is a peanut and tree nut free facility.

Parent's Signature \_\_\_\_\_ Director \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
Regular Classroom _____	Before School Classroom _____	After School Classroom _____	
Tuition _____	Supply fee _____	Registration Fee _____	Date registered _____
Reg Fee paid date _____	cash/ck/cc _____	Supply Fee paid date _____	cash/ck/cc _____
Tuition discount amount _____	Discount reason _____		