

# Thomson First United Methodist Church Preschool

Registration application for (*check the appropriate age*) class:

Two-Year-Old

Three-Year-Old

Four-Year-Old

*Note: Class assignments shall be made in July of each year at the discretion of the Director of the Preschool (with the approval of the Chair of the Preschool Board).*

Child's Name \_\_\_\_\_

Name to be called \_\_\_\_\_ Gender:  Female  Male

Date of Birth \_\_\_\_\_, 20\_\_\_\_ Home Phone Number ( \_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Cell Phone Number (s) *Please identify the owner of cell phone: mother, father, sister, etc.)*

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ belonging to \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ belonging to \_\_\_\_\_

*Pagers (s) Please identify the owner of the pager:*

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ belonging to \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ belonging to \_\_\_\_\_

Church Membership \_\_\_\_\_

Has your child attended any of the following? *Please provide the name and length of time.*

Daycare \_\_\_\_\_

Sunday School \_\_\_\_\_

Other educational or care situation \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Business Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Business Address \_\_\_\_\_

Current marital status of parents:  Married  Separated  Divorced  Never Married

Other adults(*including step-parents*) living in the home: \_\_\_\_\_

Brother and Sisters

Name	Gender	Birthdate (Month/Day/Year)
	<input type="checkbox"/> Female <input type="checkbox"/> Male	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	
	<input type="checkbox"/> Female <input type="checkbox"/> Male	

Emergency Contacts: Other individuals who have permission to pick-up your child: *Please list two.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number(s) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Doctor (Pediatrician): \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are your child's immunizations current?     Yes     No

Please attach current **immunization form #3231**. This form must be obtained from and completed by your family doctor or pediatrician.

Does your child have any allergies:     Yes     No

If yes, please list all allergies. **BE VERY SPECIFIC, especially about food allergies, and attach a detailed listing as needed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical conditions?     Yes     No

If yes, please explain the nature of the condition as well as requirements during school hours, including any medications that must be given (name of meds, dosage, time): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please note: to ensure that medications are properly given, all prescription medications must be provided in the container in which they were dispensed by the pharmacy.*

In which of the following areas does your child need help? *Please describe the need.*

Dressing \_\_\_\_\_

Undressing \_\_\_\_\_

Washing \_\_\_\_\_

Using the toilet \_\_\_\_\_

***All three & four-year-olds must be toilet trained prior to enrollment***

### Photographic Images of Thomson First United Methodist Church Preschool Students

Thomson First United Methodist Church Preschool (TFUMC Preschool) wishes to take photographs or videos of pupils for a variety of reasons ranging from archive records to press coverage of activities and achievements. In order to comply with the Data Protection Act 1998, we are required to seek the permission of parents and guardians before recording and using such images. You are not required to give consent, and can withdraw consent at any time by written notification to the Preschool Director.

Below are listed the types of images that we may wish to take of your child during his/her school career. Please read the list carefully and ensure that the school is notified of your consent.

- Individual/group photographs in classrooms, etc for display in school (when names will be given in full)
- General photographs of children working in classrooms or around the school for our archives (which could be published at sometime in the future as a record of an era)
- Photographs of school events (e.g. educational visits, transportation day, dance, drama and music performances etc) for school publications - when names could be given in full
- Photographs of achievements / school events for the website (when surnames will be given but initials only of the first names)
- Press photos (of awards ceremonies, individual achievers, school events, etc) which will appear with full names in local newspapers
- Photo portraits by commercial photographers to be offered for sale to parents as a school fund-raising activity

All photographs and images of children will be taken and used in accordance with the school's policy which requires staff to exercise professional judgment regarding the suitability of images and their use. Access to photos is restricted to relevant preschool and church staff. Archive copies of images may be retained for future reference.

**If you do not complete and sign the consent form below, we will assume that you do not give permission for any of the above photographs, and will act accordingly.**

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### Consent Form for Taking, Storing and Using Images of Thomson FUMC Preschool Pupils

As parent or legal guardian, I, \_\_\_\_\_, give permission for Thomson First United Methodist Church Preschool to take and use images of my child, \_\_\_\_\_, for the uses listed above on the \_\_\_\_\_.

understanding that the images are taken, stored and used in accordance with the school's policy. I have noted that I can withdraw my consent in writing at any time if a specific use causes concern.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR TFUMC PRESCHOOL OFFICE USE ONLY**

Date application was received \_\_\_\_\_, 20\_\_\_\_

Application received by \_\_\_\_\_

Registration fee:

Amount Paid: \$ \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_ Check # \_\_\_\_\_

Acknowledgment

Acceptance                       Non-acceptance                      Date: \_\_\_\_\_, 20\_\_\_\_

Method of notification:

- Phone
- Letter
- Office appointment