

STUDENT ID #

FEE PAID

FIRST METHODIST SCHOOL
403 South Main (Mailing Address)
Duncanville, TX 75116
Phone 972-298-5890 Fax 469-533-2372

Date of Enrollment:

Child's Name _____ M/F ____ Birthdate _____

Address _____

City _____ Zip _____ Phone _____

Father's Name _____ Mother's Name _____

Father's Occupation _____ Mother's Occupation _____

Father's Business Phone _____ Mother's Business Phone _____

Father's Cell phone _____ Mother's Cell phone _____

Church Affiliation _____ Email Address: _____

Brothers/Sisters (names & ages) _____

- Kindergarten M-F
- M-F 4 Year Olds
- M-F 3 Year Olds
- MWF 4 Year Olds
- MWF 3 Year Olds

- T/TH 4 Year Olds
- T/TH 3 Year Olds
- Early Drop Off # of Days _____
- Stay and Play (7-9 & 12/2-4:30)
- Summer Fun

- M/W 2 Year Olds
- T/TH 2 Year Olds
- M/W 1 Year Olds
- T/TH 1Year Olds
- Friday Fun 1 & 2 Yr Olds

Is there anything significant that we should know which might affect your child's physical or emotional well-being? (including any allergy that exposure requires immediate medical treatment) _____

I understand that FMS will post allergy information throughout the school to inform staff of my child's condition. Please be advised that exposure to allergens while at school is possible.

I understand that special problems or occurrences, including communicable diseases, will be brought to the attention of the parents. I also understand that staff members will be available for conferences upon request.

Child's Physician _____ Phone _____

Address _____ City _____ Zip _____

In order to meet all legal requirements, I hereby authorize any representative of First Methodist School to give consent for any emergency medical care for my child while in their care.

I hereby give permission for my child to go on all field trips with his/her class at First Methodist School in private or public transportation, if accompanied by adults. I do hereby release First United Methodist Church & School from any and all claims that might arise while my child is in school or on a field trip sponsored by First Methodist School.

I agree to First Methodist School's policies and procedures which can be found in detail at www.fmsduncanville.com/enrollment.

To be completed by FMS Office:

I am enrolling for _____ program at \$ _____ per month. **Withdrawal from this program requires 30 days notice or payment for month withdrawn.**

I AGREE TO THE ABOVE STATEMENTS IN TOTAL: _____

Parent Signature

Referred By: _____

Date: _____

See Reverse Side

STUDENT ID #



EMERGENCY CONTACTS:

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____

FAMILY PROFILE

Child's Name _____

Child's primary residence: Both Parents Mother Father Other _____

Family members living at primary residence (including siblings/step-parents): _____

Family members living at secondary residences (including siblings/step-parents): _____

Divorce decree in existence?: Y N *Copy provided to FMS: _____ date

Legal custody arrangement in effect?: Y N *Copy provided to FMS: _____ date

Temporary Restraining Order in effect?: Y N *Copy provided to FMS: _____ date

Description of custody arrangement: _____

Has your child attended daycare/preschool before?: _____

Allergies: _____

Surgeries/Medical Issues: _____

Developmental Delays/Concerns/Therapies: _____

***Submission of legal documents is required for enrollment.**