

God's Garden Preschool

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REGISTRATION FORM 2021-2022

CHILD'S INFORMATION

Child's Full Name: _____ Birthday: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____

Child's Age on
September 1, 2021 _____

Has child attended a
preschool or daycare in the past? YES _____ NO _____

_____ Male _____ Female

If yes, where: _____

What days will your child attend? Tues/Thurs _____ Mon/Wed/Fri _____ Mon-Fri _____

FAMILY INFORMATION

Marital Status: Married _____ Divorced _____ Single _____ Separated _____ Widowed _____

**If there are special concerns/directions regarding custody, please notify the director.*

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

if same
as child

if same
as child

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Work #: _____

Work #: _____

Cell #: _____

Cell #: _____

Email: _____

Email: _____

Church Membership/Affiliation: _____

EMERGENCY INFORMATION

In case of emergency, please notify if unable to contact parents/guardian.

1st Name: _____ Relation: _____

Address: _____ Phone #: _____

2nd Name: _____ Relation: _____

Address: _____ Phone #: _____

PICK UP AUTHORIZATION

The following people may pick up my child in addition to the parents and emergency contacts listed above:

Name: _____ Relation: _____ Phone #: _____

Name: _____ Relation: _____ Phone #: _____

Please publish above info in school directory.

Do not publish above info in school directory

I/we understand that my/our child's likeness may be photographed or videotaped by the school in the course of school activities. I/we hereby give consent for the school to use my/our child's likeness in promotional and/or advertising materials. These include, but are not limited to, slide show for our programs, remind 101, publications such as newsletters, brochures, newspaper articles and our website.

Parent or Guardian Signature _____

AUTHORIZATION FOR MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness/accident, I hereby authorize the God's Garden Preschool Director or her representative to take my child to:

Pediatrician: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

OR

Hospital: _____ or licensed physician.

AND

Insurance Company: _____ Responsible Party _____

Policy #: _____

I understand that God's Garden Preschool will not be liable for cost and expenses incurred in connection with medical and dental services provided during this authorization. _____

Initial

SPECIAL NEEDS STATEMENT

Allergies: _____

Existing illness _____ Previous serious illness/injury _____

Medicine prescribed for long term continuous use _____

My child has been examined by _____, a licensed physician, within the last 12 months and is able to participate in the program.

PARENTAL CONSENT

Field trips may be a part of our school activities and will be carefully supervised by the staff and approved parent volunteers. I understand that God's Garden Preschool will not assume responsibility in case of an accident or injury while off the school premises. Specific field trip permission slips with more information will be sent home prior to each field trip.

Initial

I authorized use of the playground facilities at God's Garden Preschool for my child. In case of an accident, God's Garden Preschool nor First United Methodist Church of Midlothian, nor any individual sponsor or employee shall in any way be held liable for any injury incurred while using the playground. Every precaution will be taken at God's Garden Preschool to insure the safety of all children.

Initial

I hereby give my consent for my child to participate in the following water activities:

Initial

sprinkler play

water table play

PARENT HANDBOOK

I understand the policies and procedures in which God's Garden Preschool practices. I agree to place my child, _____, in the care of God's Garden Preschool under the policies and procedures listed in the God's Garden Preschool Handbook. I have read the 2021-2022 God's Garden Preschool Handbook. I will retain this manual for my records, if any further questions arise.

I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief.

Mother's signature

Date

Father's signature

Date

FOR OFFICE USE ONLY:

Registration fee is non-refundable unless we cannot place your child in our program

Registration Fee \$ _____ Cash/Check # _____ Start Date _____

T/TH (2 days) _____ MWF (3 days) _____ M-F (5 days) _____ Class _____ Tuition _____

Notes _____

