

# God's Garden Preschool

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Phone (972) 775-3993



## REGISTRATION FORM 2023-2024

### CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Child's Age on  
September 1, 2023 \_\_\_\_\_

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.

1<sup>st</sup> Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2<sup>nd</sup> 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[ ] Do not publish above info in school directory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:

sprinkler play

water table play

Initial

## 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 2023-2024 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 \_\_\_\_\_

