



# Nashville UMC Weekday School

## 2017/2018 Child's Application

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Last) (First) (MI) (Name Called By)

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

**Please circle your child's priority for enrollment:**

Church member \_\_\_\_\_ Currently enrolled \_\_\_\_\_

Sibling of currently enrolled \_\_\_\_\_ Currently unaffiliated \_\_\_\_\_

Name of the church you attend \_\_\_\_\_

If you do not have a church home we invite you to come here to Nashville United Methodist. Check here if you would like someone to contact you. \_\_\_\_

**Indicate 1st and 2nd choices of class and days (birthday cut-off is August 31st for each age group):**

\_\_\_ 2 yr. old – (T, TH) \_\_\_ 3 yr. old – (M, W, F) \_\_\_ 3 yr. old – (T, TH) \_\_\_ 4 yr. old (M-TH) \_\_\_ Pre-K (M-F)

**INFORMATION ABOUT THE FAMILY:**

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Vehicle (Year, Make, Model, & Color): \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Vehicle (Year, Make, Model, & Color): \_\_\_\_\_

Names and ages of siblings/others living in home \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD:**

Does your child have any known allergies? No \_\_\_ Yes \_\_\_ \* If yes, please explain \_\_\_\_\_

\*(Use back of form if needed)

Please give any information concerning your child which will be helpful for playschool staff to know (such as fears, likes or dislikes, any special needs). If there are custody issues with a child, a meeting should be set up with the legal guardian of the child and the Director of the Weekday School.

**EMERGENCY CARE INFORMATION:**

Name of child's doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of child's dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Phone \_\_\_\_\_

In case of sickness or accident, if neither father nor mother (or guardian) can be contacted, call:

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship \_\_\_\_\_

(These emergency contacts should be local residents because they may be asked to pick up a sick child.)

**Pick-up Information (People Authorized to pick-up child from school)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Vehicle (Year, Make, Model, & Color): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Vehicle (Year, Make, Model, & Color): \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Vehicle (Year, Make, Model, & Color): \_\_\_\_\_

Parent or Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Submitting this application does not necessarily mean your child will be enrolled in the NUMC Weekday School. If your child is admitted you will receive an email on the one listed above as to the status of your application.

*Office Use Only*

Received on: \_\_\_\_\_ Initial: \_\_\_\_\_