

Registration Fee (\$15/\$30)- \_\_\_\_\_  
Supply Fee (\$75) \_\_\_\_\_  
August Tuition (\$135)- \_\_\_\_\_



## First United Methodist Preschool

PO Box 95  
Smithville, TN 37166  
(615) 597-6639

[smithvillefump@gmail.com](mailto:smithvillefump@gmail.com)  
[www.smithvillefump.com](http://www.smithvillefump.com)

CHILD'S FULL NAME: \_\_\_\_\_

NAME TO BE CALLED AT PRESCHOOL: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child lives with (Legal Guardians): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Child's Home/Mailing Address: \_\_\_\_\_

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

If you want to be a part of our Facebook Group, look us up at First United Methodist Preschool and request to join.

Do you want to be included in our mass phone call system? This will notify you of school cancelations, events, important info, etc. YES\_\_\_\_ NO\_\_\_\_

If so, list the number you want to be called on? \_\_\_\_\_

**STATUS OF PARENTS:**    **LIVING TOGETHER** \_\_\_\_\_    **LIVING APART**\_\_\_\_\_

Mother's Name (or Legal Guardian): \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Father's Name (or Legal Guardian): \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Please Circle the number to be called 1<sup>st</sup> in case of emergency or sickness**

Emergency Contacts (IF we are unable to reach you.)

Name	Relationship	Number
_____	_____	_____
_____	_____	_____

How would you like your child introduced at Preschool Graduation?

Daughter/Son of \_\_\_\_\_ or

Granddaughter/Grandson of \_\_\_\_\_ or

Other: \_\_\_\_\_

**I AUTHORIZE THE FOLLOWING PEOPLE TO ASSUME RESPONSIBILITY FOR MY CHILD TO AND FROM SCHOOL: (We must have written or verbal notice before anyone else may pick up your child. Please keep this file up to date for your child's safety.)** **Parents will be included unless we are told otherwise.**

Name	Relationship	Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have **ANY** allergies (**INCLUDING FOOD**)?

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Does your child have any difficulty saying what he/she wants OR do you have any trouble understanding his/her speech? \_\_\_\_\_

Are there any medical problems of which we should be aware of including any special needs, handicaps or health problems? \_\_\_\_\_

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Is your child right-handed or left-handed? \_\_\_\_\_

Has your child had any previous group or preschool experiences? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage? \_\_\_\_\_

Is there any additional information not covered that you would like to address?

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**As information changes, it is YOUR responsibility to update your child's file. Please give the information to your teacher or the director as needed.**

# PERMISSION FOR HEALTH CARE

CHILD'S NAME: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE #: \_\_\_\_\_

In the event of an emergency you will be notified. By signing below, you are giving First Methodist Pre-School permission to take immediate action.

**FIRST AID - In the event of an emergency, I authorize the staff to provide ANY first aid care as deemed necessary for my child.**

**EMERGENCY CARE - In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide ANY emergency care deemed necessary for my child. In the even of an emergency, I hereby authorize the transfer of my child's health record to the hospital.**

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Today's Date)

\*\*\*\*\*

# PARTIES

Please mark the following parties that you would like to help with. Even if you are not sure you can attend, but would like to help in another area, please mark it. Thanks so much.

Halloween \_\_\_\_\_

Christmas \_\_\_\_\_

Valentine's Day \_\_\_\_\_

Easter \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

**\*\*\*Are you interested in being a room mother?\*\*\***

Yes \_\_\_\_\_ No \_\_\_\_\_

**If you are interested in being a substitute, please fill out below.**

Yes I, \_\_\_\_\_, would be willing to substitute on \_\_\_\_\_ Tuesdays and/or \_\_\_\_\_ Thursdays.

Phone # \_\_\_\_\_

# MEDIA RELEASE FORM

We frequently make photos of our preschool children. Below is a list of various types of media. By placing a circle around a "Y" for YES or an "N" for NO, you are indicating whether or not you give the preschool permission to display your child's picture in the following manner:

- |                           |                      |
|---------------------------|----------------------|
| 1. Y or N Website         | 5. Y or N Brochures  |
| 2. Y or N Bulletin Boards | 6. Y or N Classroom  |
| 3. Y or N Newsletters     | 7. Y or N Newspapers |
| 4. Y or N Slideshows      | 8. Y or N Facebook   |

I hereby give permission for \_\_\_\_\_ photo to  
(Child's Name)  
be reproduced for pre-school publications as I have indicated  
above.

\_\_\_\_\_  
(Parent or Legal Guardian Signature)

\_\_\_\_\_  
Today's Date

**\*\*If you say no to Facebook, we will black out your child's photo in group pictures such as Fire Safety Day, Police Day, First Day Photos, etc.**