

Spanish Fort United Methodist Preschool Application | 2020-2021

STUDENT BASIC INFORMATION

First Name:	Middle Name:	Last Name:
Preferred Name:	Date of Birth:	Age Now:

FAMILY INFORMATION

Mothers Name:		Mothers Place of Work:	
Mothers Main Phone:	Mothers Alternate Phone:	Mothers Work Phone:	
Mothers Street Address:	City:	State & Zip:	
Mothers Email Address:			
Mailing Address if different:			
Fathers Name:		Fathers Place of Work:	
Fathers Main Phone:	Fathers Alternate Phone:	Fathers Work Phone:	
Fathers Street Address:	City:	State & Zip:	
Fathers Email Address:			
Fathers Mailing Address if different:			

The following people have permission to pick up my child from school. Please know all persons picking up your student must bring and show a valid State ID before we allow that student to leave.

Name:	Address:
Relationship:	Phone:
Name:	Address:
Relationship:	Phone:
Name:	Address:
Relationship:	Phone:

The following people are not allowed to pick up your student:

Name:	Relationship:
Name:	Relationship:

The following people (and pets) live at home with this student:

Name:	Relationship:	Age (if under 18):
Name:	Relationship:	Age (if under 18):
Name:	Relationship:	Age (if under 18):
Name:	Relationship:	Age (if under 18):
Name:	Relationship:	Age (if under 18):
Name:	Relationship:	Age (if under 18):

Student Detailed Information

What opportunities has your child had to play with children?

Child's favorite toys/special interests:

Is your student potty trained? Yes No Will your child be potty trained by August? Yes No

Your child must be potty trained to sign up for any of the Three-Year-Old or Four-Year-Old classes. I understand and will adhere to this policy: _____ Signature: _____

Please list any family situations which might affect your child (such as moving, recent loss of family member, new baby, sibling health - this will help us understand the child's feelings, respond to the child's questions, and support the family):

Child's Physician & Phone: _____ Physician's Address: _____

If an emergency should arise and the school is unable to contact the parent or child's physician, may the doctor most quickly available be called? Yes No

Does your student have any documented allergies? Yes No
Will an EPI pen be required? Yes No List allergies here: _____

What, if any, recurring ailment or special medical situation does your child have?

I acknowledge any statement I made in this application to be true and I have been forthcoming about my student.

Signed: _____ Date: _____



TEACHER REQUEST FORM

If you wish to make a teacher request, please make note of your selection on your enrollment form and we will do our best to accommodate you.

Please know it is based on first come, first serve.

Student Name:	Student Age on September 1st:
Teacher Preference #1 Name:	
Teacher Preference #2 Name:	

Date form submitted: _____

