



**The Learning Ark Preschool
of First United Methodist Church
Registration Form**

Child's Name _____ Birth Date _____
Address _____ Zip Code _____

Parents/Guardians

Name _____ relationship _____
Address (if different) _____ cell phone _____
E-mail _____ home phone _____

Name _____ relationship _____
Address (if different) _____ cell phone _____
E-mail _____ home phone _____

Authorized contacts: (those we may release children to if parent/guardian is unavailable; must be different than those listed above)

1. _____ phone _____
Relationship to the child _____

2. _____ phone _____
Relationship to the child _____

3. _____ phone _____
Relationship to the child _____

Is this child related to a member of FUMC's congregation? _____ yes _____ no
Who? _____

Medical Information

Health Plan Carrier: _____
Name of Insured: _____
Relationship to Policyholder: _____
Policy number/Insurance ID _____
Family Doctor: _____ Phone: _____

Allergies or medical concerns and special instructions (please specify)

I understand that in cases of an emergency, 911 may be called and my child may be taken to the appropriate medical facility. I give consent for treatment: _____ yes _____no (Please initial)

Child Profile

It will help us know your child better if you create a simple profile using the following checklist.

Is your child...

- Shy
- Overactive
- Used to a daily nap
Time _____ length _____
- Subject to temper tantrums
- Used to a certain
Feeding time _____
- Other: _____

Does your child...

- Suck his/her thumb
- Use a special language
- Have certain anxieties/fears:

- Have an imaginary friend
- Play well with other children

Other information that we should know/be aware of to care for your child:

Events in your home atmosphere often affect your child’s attitude. We are better able to help your child when you inform us of situations and/or events that may impact his/her overall attitude such as:

- *Divorce
- *Separation from a relative or friend
- *Death of a relative or friend
- *Other

Knowing about these transitional times allows us to give special attention, understanding and care. Information you give us will remain confidential.

Other members of the household (include pets):

- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____
- Name: _____ Relationship to child: _____

List any Court-Appointed Restrictions or other important information regarding the care of your child:

____ Yes I do ____ No I do not

...give my permission for photographs of my child to be used for publications. Usage may include but is not limited to use of images on screen in worship, photographs hung in the building, images used on the website, images printed in the Circuit Rider newsletter, and images used on FUMC’s Facebook page or webpage.

Parent’s Signature

Date