

# Spanish Fort United Methodist Preschool Application | 2024-2025

## STUDENT BASIC INFORMATION

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

## CLASS PREFERNCE

Please list grade level and amount of days example: 3-year-old/5 days  If enrolling in Pre-K write: Pre-K	1.   2.
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## 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:

**The following people are not allowed to pick up my child:**

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

List allergies here:

Will an EPI pen be required? Yes  No

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:** \_\_\_\_\_