



JWUMC DAY SCHOOL

626 Savannah Highway

jwumcdayschooldirector@gmail.com

843.766.3396

2022-23 Registration Form

Child: _____ Birthdate: LL

Sex: M F_ Child's Address:

Full name of Mother: _____

Email: _____

Mother's Address: _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell

Phone: _____

Place of work:

_____ Hours: _____ Contact 1st

Full name of Father: _____

Email: _____

Father's Address: _____

Home Phone _____ Work Phone: _____ ext. _____ Cell

Phone: _____

Place of

work: _____ Hours: _____

Contact 1st

Members of John Wesley United Methodist Church? Yes No

Program you wish to enroll your child in:

Infants (2 mos+): 2 Day (T/TH)____ 3 Day(MWF)____ 5 Day____

Toddlers (15 mos+): 2 Day (T/TH)____ 3 Day(MWF)____ 5 Day____

Twos (Must be 2 by 9/1/22): 2 Day (T/TH)____ 3 Day(MWF)____ 5 Day____

Threes (**Must be completely potty trained**) 3 Day(MWF)____ 5 Day____

Fours (**Must be completely potty trained**) 5 Day____

Emergency Contacts

**Minimum 2 contacts, other than parents, to contact in case of

emergency*

1. Name:_____

2. Name:_____

Relationship to Child:_____

Relationship to Child:_____

Home Phone:_____

Home Phone:_____

Cell or Work Phone:_____

Cell or Work Phone:_____

Child's Health Information and History

Health Plan_Group#: _____

ID#: _____

Child's Doctor: _____

Phone: _____

Are your Child's immunizations up to date? Yes () No ()

An updated copy of your child's immunization record is required at time of registration.

Does the child have any known health problems? Yes () No () (If yes, attach documentation)

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Does your child have any known allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

JWUMC Day School may not be qualified to accept children with special needs that require specialized care. Enrollment in such cases will be left to the discretion of the Director and/or the Day School Board.