

Enrollment Form FUMC Day School

800 West 5th Street
Fort Worth, TX 76102
817-870-9174

Updated _____ Initials _____
Updated _____ Initials _____
Updated _____ Initials _____

Family Information

Last Name	First Name	MI			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Relationship to Child					
<input style="width: 95%;" type="text"/>					
Street Address					
<input style="width: 95%;" type="text"/>					
Apartment/Unit					
<input style="width: 95%;" type="text"/>					
City		State		Zip Code	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Phone		Work Phone		EXT	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Cell Phone			Email Address		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>				

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Home Phone		Work Phone		EXT	
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Cell Phone			Email Address		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>				

Child Information

Last Name	First Name	MI			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Sex	Child Street Address		Date of Birth		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		
Emergency Contact			Emergency Phone		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Street Address					
<input style="width: 95%;" type="text"/>					
Doctor			Doctor Phone		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Doctor Street Address					
<input style="width: 95%;" type="text"/>					
Insurance Provider			Policy Number		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Name of Insured					
<input style="width: 95%;" type="text"/>					

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Sex	Child Street Address		Date of Birth		
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Emergency Contact			Emergency Phone		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Street Address					
<input style="width: 95%;" type="text"/>					
Doctor			Doctor Phone		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Doctor Street Address					
<input style="width: 95%;" type="text"/>					
Insurance Provider			Policy Number		
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>		
Name of Insured					
<input style="width: 95%;" type="text"/>					

Emergency Care Authorization

I certify that I am a parent of legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment and/or transportation to a care facility should by Child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent/Legal Guardian's Signature

Date

During the hot summer months, we may offer water play for the children, including a wading/splashing pool (two feet of water or less) and sprinklers. We will need your permission for your child to participate.

I do ___/do not ___ give permission for my child to participate in water play.

Parent/Legal Guardian's Initials