Enrollment Form 2025-2026
FUMC Day School

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

Family Information

Last Name | First Name | MI

Relationship to Child

Street Address

Apartment/Unit

City | State | Zip Code

Home Phone | Work Phone | EXT

Cell Phone | Email Address

Last Name | First Name | MI

Relationship to Child

Street Address

Apartment/Unit

City | State | Zip Code

Home Phone | Work Phone | EXT

Cell Phone | Email Address

Child Information

Last Name | First Name | MI

Sex | Child Street Address | Date of Birth

Emergency Contact (other than Parent) | Emergency Phone

Street Address

Doctor | Doctor Phone

Doctor Street Address

Insurance Provider | Policy Number

Name of Insured

Last Name | First Name | MI

Sex | Child Street Address | Date of Birth

Emergency Contact (other than Parent) | Emergency Phone

Street Address

Doctor | Doctor Phone

Doctor Street Address

Insurance Provider | Policy Number

Name of Insured

Emergency Care Authorization

I certify that I am a parent or 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 my 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