

First Place MDO & Preschool

2012-2013 Enrollment Form

FIRST UNITED METHODIST CHURCH OF CARROLLTON 2201 E. HEBRON PKWY. CARROLLTON, TX 75010

(469) 568-1250 OR 1251 FAX (972) 492-6236

Please check if FUMC Church Member _____ and/or CCA School Family _____ Date Filled Out: _____

Child's Information

Last:		First:		Middle:		
Street Address:				_____ Male _____ Female		
City:		Zip Code:		Date of Birth:		
				Age as of 9/1/2012:		
Has your child previously been in a program ? _____			Yes _____ No _____		If yes, where and how long did your child attend? _____	

Family Information

Email Address:					
Mom's Name:			Dad's Name:		
Mom's Cell Phone:			Dad's Cell Phone:		
Mom's Work Phone:			Dad's Work Phone:		
Sibling Name:			Age:	M or F	
Sibling Name:			Age:	M or F	
Sibling Name:			Age:	M or F	

Class Enrollment/Fees

Registration/Activity Fees: (due with form)	Infant/Toddlers \$185 (\$150 - \$35)	Two Year Olds \$185 (\$150 - \$35)	3 Year Old Preschool \$250.00 (\$200 - \$50)	4 Year Old Pre K \$300.00 (\$250 - \$50)
---	--	--	--	--

Infants		
Choose # of days	Price	Circle days
___ 1 Day	\$120	M T W Th
___ 2 Day	\$230	M T W Th
___ 3 Day	\$340	M T W Th
___ 4 Day	\$450	M T W Th

Toddlers		
Choose # of days	Price	Circle days
___ 1 Day	\$120	M T W Th
___ 2 Day	\$230	M T W Th
___ 3 Day	\$340	M T W Th
___ 4 Day	\$450	M T W Th

Two Year Olds		
Choose # of days	Price	Circle days
___ 1 Day	\$110	M T W Th
___ 2 Day	\$220	M T W Th
___ 3 Day	\$320	M T W Th
___ 4 Day	\$425	M T W Th

3 Year Old Preschool		
Choose # of days	Price	Circle days
___ 2 Day	\$230	MW TTh
___ 3 Day	\$340	TWTh
___ 4 Day	\$450	M T W Th

4 Year Old Pre-K		
Choose # of days	Price	Circle days
___ 3 Day	\$355	T W Th
___ 4 Day	\$465	M T W Th

Please make sure that you have indicated the number of days and which days you wish your child to attend.

For office use only

Registration Amount:

Date Enrolled:

Check Number & Date:

Taken By:

Church/Referral Information

Church Home:	
Referred to First Place by:	

Emergency Contacts/Authorized Additional Pick Up

**The following contacts are authorized for said child to be released to or called in the event of an emergency when parents cannot be reached. This person MUST have a local address.
ALL OF THIS INFORMATION MUST BE FILLED OUT.**

Contact 1:

Name:		Phone Number(s):	
Relationship to child:			
Address:			

Contact 2:

Name:		Phone Number(s):	
Relationship to child:			
Address:			

Contact 3:

Name:		Phone Number(s):	
Relationship to child:			
Address:			

Medical Information

Allergies:	
Special Needs:	
Previous Serious Illnesses or Injuries:	
Hospitalizations during the past 12 months:	
Any medications prescribed for long term use:	

Medical Release Statement

In the event of an emergency ***I give consent to any licensed physician*** to examine, treat and perform any essential, emergency medical and or surgical procedures, determined to be necessary on my child. I also give my consent to the First United Methodist Church of Carrollton, TX. (FUMC) to allow my child to participate in classroom and outdoor activities. I release **FUMC and it's staff members** from any legal or financial responsibility, which might result from any accidental harm or injury to my child, while under the care and supervision of the "First Place" staff. Listed below is information about my child's physician:

Name of Physician:		Phone Number:	
Address:			

We must have your child's physician's name, phone number and address on file.

Signature of Parent or Legal Guardian:

Notary Stamp:	Notary Signature:
---------------	-------------------

