

Hollywood United Methodist Preschool and Kindergarten
Application for Admission and Contract Part 1

STAFF USE

Student's Full Name _____

Gender _____ Age by Sept. 1st _____ Class Choice _____ (cannot be guaranteed)

Name the student is to be called in class: _____

E-mail Address: _____

Home Phone #: _____ Child's Birthdate _____

Father's Cell Phone _____ Mother's Cell Phone _____

Class Days _____

Class Time _____

Number _____

Reg. Fee _____

Mailing Address and Physical Address, if different _____

Name of Father or Guardian _____ Occupation _____

Business Address _____ Business Phone# _____

Name of Mother or Guardian _____ Occupation _____

Business Address _____ Business Phone# _____

Do both parents have legal custody of the child? _____ If no, name of person with legal custody _____

Name and ages of other children in the family: _____

Has the child completed the required course of immunization shots? _____

Date of last physical: _____ Doctor's Name and Phone #: _____

Military Dependent? Yes _____ No _____

Please explain any physical limitations or allergies: _____

Does your child routinely take a prescription medication? _____ If yes, please explain _____

List persons to be contracted in case of an emergency or illness, if the parents cannot be reached:

1. _____ Phone # _____

2. _____ Phone# _____

3. _____ Phone # _____

Persons authorized to pick up your child besides parents: _____

Persons **not** authorized to pick up your child: _____

How did you hear about our school? _____

Are you a member of the Hollywood United Methodist Church? _____

If not, are you a member of another church? _____ If so, which church? _____

Would you like more information about the Hollywood United Methodist Church? _____