

REGISTRATION CARD 2017-2018
Please Print Legibly

FIRST UNITED METHODIST SCHOOL

Student's Name _____
(Last) (First) (Middle) (Prefers to be called)

Address: Street _____ City _____ Zip _____

Age: _____ Birthdate _____ Boy () Girl () Home Phone _____

Elementary: K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th _____ 8th _____

Ethnicity: Caucasian _____ Hispanic/Latino _____ American Indian/Alaska Native _____ Asian _____
Black/African American _____ Native Hawaiian/Other Pacific Islander _____ Other (specify) _____

*Church Membership or Affiliation of regular attendance (Name of church, city)

Father's/Guardian's Name _____ Mother's/Guardian's Name _____

Father's/Guardian's Employer _____ Mother's/Guardian's Employer _____

Father's/Guardian's Cell # _____ Mother's/Guardian's Cell # _____

Father's/Guardian's Work # _____ Mother's/Guardian's Work # _____

Father's/Guardian's Occupation _____ Mother's/Guardian's Occupation _____

E-mail Address _____ E-mail Address _____

In the case of divorce/separation, please indicate custodial arrangement. Please include any legal documents.

Please contact the Child Care office at (407-847-2575) to register for before and after school care.

***First United Methodist Church, Kissimmee**
(Members applying for church member discount must complete the following statement.)

I, _____, **certify that I am a member in good standing of FUMC**
and are currently fulfilling my membership vows. (Status will be verified by pastor.)

_____ **(Reverse side of card must be completed in full)**
Signature of parent/member

For office use only: class _____ teacher _____

(Please complete other side of form)

EMERGENCY NOTIFICATION

Please list adults (including parents) who are authorized to be contacted in case of an emergency. These adults are also allowed to receive/sign incident/accident reports, medical information, or daily progress reports.

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

Please list all adults (including parents and guardians) who are authorized to take your child from the facility. (Please notify your child’s teacher and the office if there are any updates to special custodial specifications.)

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

MEDICAL INFORMATION

Any known allergies: _____

Any medications administered daily: _____

Special instructions or any areas of concern: _____

If necessary, may your child receive children's Tylenol/Motrin or equivalent? ____yes ____no

If necessary, may your child receive Tums/Mylanta or equivalent? ____yes ____no

ANY MEDICATION TO BE ADMINISTERED DURING THE DAY MUST BE BROUGHT TO THE SCHOOL OFFICE (K-8) AND THE APPROPRIATE FORM COMPLETED.