



Director's Signature _____ Date _____



STUDENT INFORMATION

Student Name _____ Name to Be Used in School _____

Address _____ Phone _____

Zip

Date of Birth _____ Gender _____

Parent Emails _____

Members of the Household:	<u>Name</u>	<u>Relationship</u>	<u>Age</u>
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Pets: _____

School District _____ Township _____

How Did You Hear About Us? _____

Church Affiliation _____

Would you like more information about Thorndale United Methodist Church (TUMC)

Previous School Experience

This school _____ Other _____

Favorite Things To Do/Play _____

Any concerns or fears we should be aware of? _____

Any health concerns or allergies? _____

Any dietary restrictions? Please state the restriction and reason. _____



MEDICAL INFORMATION

Student Name _____ Date of Birth _____ Gender _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

Emergency Contact Other Than Parents

Name _____ Phone # _____

Relationship to Child _____ Cell # _____

Name _____ Phone # _____

Relationship to Child _____ Cell # _____

Persons Authorized to Pick Up Child: _____

Persons NOT Authorized to Pick Up Child: _____

If we are unable to contact any the above contacts, do we have your permission to have your child treated in case of an emergency? _____

Primary Physician _____

Physician's Phone _____

Dentist _____

Dentist Phone _____

Hospital Preference _____

Allergies _____

Dietary Restrictions and Reason _____

Medical Conditions _____

Current Medications _____

Any Condition that limits participation in certain activities _____

PLEASE ATTACH A COPY OF YOUR CHILD'S CURRENT IMMUNIZATION RECORD