

First Methodist Forney Pre-School

Registration Form 2024-2025

First Methodist Forney

414 W. Broad St. Forney, TX 75126

972-552-3015

Please number your class choice in order of preference

Toddlers (12-23mos)	Twos	Threes	Fours	Prek-5
M/W T/Th	M/W T/Th M-Th	M/W T/Th M-Th	M/W T/Th M-Th	M-Th
_____	_____	_____	_____	_____

Child's Full Name:	Child's Birth Date:	Sex	Child's age September 1 st , 2024
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"Go By Name"	Names of Parents or Guardian:	Child lives with?
		Both parents Mom Dad Guardian

Child's Address:	Address of Parent or Guardian (if Different from Child's):
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Mom's email:	Dad's email:	Guardian's email:
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List phone numbers below where parents or guardian may be reached while child is in care.

Mom's Phone #	Dad's Phone #	Guardian #	Custody Documents on File?
			Yes No

Emergency Contact other than parents or guardian:

Name of Emergency Contact:	Relationship:	Phone #
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Address:

Release of child:

I authorize First Methodist Forney Preschool **to release** my child to leave the child care operation ONLY with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:	Phone #	Relationship:
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Name:	Phone #	Relationship:
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Name:	Phone #	Relationship:
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Continue with Emergency information on back of page

Authorization for Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address of physician's office	Phone #
Name of Hospital (be specific)	Address of Hospital	Phone #

I give consent for First Methodist Forney Preschool to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

Date signed