



Children's Creative Playday Preschool  
A Ministry of First United Methodist Church

**Registration/Admission - 2021**

Office Use	
Date Rcvd.:	_____
Check #:	_____ Amt.: _____
Additional Children:	_____

Child's Name (First/Last) \_\_\_\_\_ DOB \_\_\_\_\_ Girl or Boy \_\_\_\_\_

Circle the preferred days. Classroom age is determined by child's age as of Sept. 1, 2021.

Toddlers (18m)	Twos	Threes	Pre-K (4s)	TK (5s)	Kinder
M/W	M/W	T/Th	T/W/Th	M-Th	M-Th
T/Th	T/Th	M/T/W	M-Th		
	M-Th	T/W/Th			
		M-Th			

Mother/Guardian Name (First/Last) \_\_\_\_\_

Father/Guardian Name (First/Last) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian Cell # \_\_\_\_\_ Cell Provider \_\_\_\_\_

Father/Guardian Cell # \_\_\_\_\_ Cell Provider \_\_\_\_\_

Home Phone # \_\_\_\_\_ Additional Phone # \_\_\_\_\_

Primary Phone (Check Only One) Mother/Guardian Cell  Father/Guardian Cell  Home

Mother/Guardian E-mail \_\_\_\_\_

Father/Guardian E-mail \_\_\_\_\_

Member of FUMC Allen \_\_\_\_\_ Alumni Family \_\_\_\_\_

Special Considerations \_\_\_\_\_

***Please initial each answer***

Yes\_\_\_\_ No\_\_\_\_ I give permission for my child's name, parent names, address, email and primary phone number to be listed in the Playday Directory. The directory is only provided to parents and staff of Playday.

Yes\_\_\_\_ No\_\_\_\_ I give permission for my child's picture to be taken while at school. Playday will not post these photos on any social media site.

Yes\_\_\_\_ No\_\_\_\_ I give permission for my child to be photographed/videotaped while at school. I realize that the Photo/video may be used on the school web site, Playday Newsletter, Playday Facebook page or FUMC Allen church service. The video may be used for informational or educational purposes regarding the programs or curriculum at Children's Creative Playday. Children will not be identified by name in photos or videos.

Referred to Playday by \_\_\_\_\_

**Registration Fee is Non-Refundable.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please complete both sides of this form**



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Child's Name (First/Last) \_\_\_\_\_

**In case of emergency, licensing requires a name and address of a *local* person to call if you cannot be reached. This cannot be a parent or guardian.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
City & Zip Code \_\_\_\_\_

Above person's relationship to your child (neighbor, grandparent, family friend, etc.) \_\_\_\_\_

I hereby authorize Children's Creative Playday Preschool to allow my child to leave the church/preschool ONLY with the following persons in addition to parents or guardians. Please include **the name and cell phone #** for each. Children are released only after verification of ID.

(1) \_\_\_\_\_ Cell # \_\_\_\_\_

(2) \_\_\_\_\_ Cell # \_\_\_\_\_

All information is correct and up to date as of \_\_\_\_\_ completed by \_\_\_\_\_  
Date Parent/Guardian Signature

List any issues concerning your child that we should be aware of such as allergies, illnesses, injuries, hospitalizations during the past 12 months, medications taken, therapy program, other preschools, etc.

Allergy Severity: Mild  Moderate  Severe

**Initial**

Yes \_\_\_\_\_ No \_\_\_\_\_ I give my consent for my child to participate in water table play.

\_\_\_\_\_ I have provided the Children's Creative Playday with a copy of my child's current immunization record.

**If I cannot be reached in the event of an emergency, I authorize Playday staff to take my child to our designated safe area or the closest medical facility. I give my consent for necessary emergency treatment when my child is in the care of the closest medical facility.**  
Parent/Guardian Signature \_\_\_\_\_

**I waive Children's Creative Playday staff and representatives of any liability regarding the placement of children in my own or my representative's vehicle. I understand it is my obligation and legal responsibility as the driver of a vehicle transporting children to ensure their proper placement in the vehicle to protect them in case of an accident and/or injury.**  
Parent/Guardian Signature \_\_\_\_\_

Office Use:  
Days Enrolled M/W T/TH MTW TWTH M-TH Date of Admission \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_