

# Weekday Christian Preschool Of First United Methodist Church

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Child's Name: \_\_\_\_\_

Please list the names/relationship below of those people who have your permission to pick up you child. We ask that you please either call or send a note in notifying the permission. Individuals on this list will need a valid picture ID in order to verify their identity. We can only release children to individuals age 16 and up.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

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Name/Relationship: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

# Help Us Get to Know Your Child

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Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_

People presently living in home:

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Brother's Name/Age:

Sister's Name/Age:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have parent living outside the home? \_\_\_\_\_

If yes, how often do they see them? \_\_\_\_\_

Father's occupation: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Are there any particular fears you child has? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any medical problems we should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any known allergies? \_\_\_\_\_

Favorite interests? \_\_\_\_\_

\_\_\_\_\_

Favorite toys? \_\_\_\_\_

Favorite foods? \_\_\_\_\_

# PARENT REVIEW STATEMENT

Child's Name: \_\_\_\_\_

I, \_\_\_\_\_, have received a  
Parent or Guardian's Name (Please print)

Copy of the child care center's Parent Handbook.

- The parent handbook has been reviewed with me by the administrator of the center.

\_\_\_\_\_ (parent/guardian's initials)

- Understand the policies and procedures of the parent/guardian's handbook and will abide by its' content.

\_\_\_\_\_ (parent/guardian's initials)

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

# Weekday Christian Preschool

Of

First United Methodist Church

## Permissions

Child's Name \_\_\_\_\_

### Purell

\_\_\_\_\_ I give my permission for the Weekday Christian Preschool to use Purell and/or other Hand Sanitizers occasionally with my child.

I understand that this does not take the place of all hand washing and will only be dispensed by the teachers.

Signature \_\_\_\_\_

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### Property Use

\_\_\_\_\_ I give my permission for my child to participate in school related activities on the whole of the First United Methodist Church property. Ex/ Chapel, Asbury Hall, Wesley Hall)

Signature \_\_\_\_\_

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### Photo

\_\_\_\_\_ Yes--- I give my permission for the use of my child's photo on materials to be used outside of the Preschool for the purpose of sharing information about our program. (Ex/ at a Preschool Fair at the Library, Facebook, preschool website....)

\_\_\_\_\_ No--- I do not want my child's photo used outside of the school or on any social media sites.

Signature \_\_\_\_\_