

Franklin First United Methodist Church  
120 Aldersgate Way Franklin TN 37069  
Director: Jennifer Thorington  
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Session One \_\_\_\_\_  
Session Two \_\_\_\_\_  
Session Three \_\_\_\_\_

**For Office Use Only**

Date Received \_\_\_\_\_  
Admission Date \_\_\_\_\_  
Reg. Fee Paid \_\_\_\_\_  
Class Preference \_\_\_\_\_  
Class Assigned \_\_\_\_\_

**SUMMER FUN DAYS 2018**  
**Franklin First UMC Preschool Application**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name Child Goes by: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Subdivision: \_\_\_\_\_  
Address: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_  
Medical Concerns: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Phones: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(Work) \_\_\_\_\_ (Work) \_\_\_\_\_  
Family Email Address: \_\_\_\_\_

Names of Siblings	Ages	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Doctor's Name and Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

As a general rule, I will be transporting my child to FUMC PS at \_\_\_\_\_ a.m. and picking up at \_\_\_\_\_ p.m.

Others who may be driving the child to and from school:

Name _____	Relationship to Child _____
Name _____	Relationship to Child _____
Name _____	Relationship to Child _____

Person authorized to act for parent in an emergency \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

At various times during the year, photos are taken of the children. Please initial below to give your permission for us to photograph your child and display these photos in the classroom.  
\_\_\_\_ Photograph Approval \_\_\_\_\_ Bulletin Board Display Approval

Please use the back of this sheet to give us any additional information you believe would be helpful to us.

**\*\*Please attach the Medical/Permission Agreement Form to this application\*\***