Franklin First United Methodist Church 120 Aldersgate Way Franklin, TN 37069

Director: Jennifer Thorington

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For Office Use Only:	
Date Received:	
Admission Date: _	
Reg. Fee Paid	
Class Preference:	
Class Assigned:	

Franklin First UMC Preschool/PDO Application

Child's Name:	Birth Date:
Name Child Goes by:	Date of Application:
Gender: Male Female	Subdivision:
Address:	City, Zip Code:
Medical Concerns/Allergies:	
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 atp.m.
Others who may be driving the child to and from school:	Relationship to Child
Name	Relationship to ChildRelationship to Child
Name	Relationship to Child
Person authorized to act for parent in an emergency	
Relationship to child Home Phon	e Alt Phone
I hereby confirm that I have previewed FUMC PS prior to enrolling At various times during the year, photos are taken of the children. I photograph your child and display these photos in the classroom Photograph Approval	Please initial below to give your permission for us to Bulletin Board Display Approval
The following statement applies only to those classes meeting only to licensed by the state as a child care agency." TCA 71-3-503 (b) $**$ Pa	

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