

Franklin First United Methodist Church  
120 Aldersgate Way Franklin, TN 37069  
Director: Jennifer Thorington  
615-794-5386  
[jthorington@franklinfumc.org](mailto:jthorington@franklinfumc.org)

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 at \_\_\_\_\_ p.m.

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

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone: \_\_\_\_\_

Person authorized to act for parent in an emergency \_\_\_\_\_

Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

\_\_\_\_ I hereby confirm that I have previewed FUMC PS prior to enrolling my child. Date of preview: \_\_\_\_\_

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

The following statement applies **only** to those classes meeting only **two days** a week: **\*\*This facility is not required to be licensed by the state as a child care agency.\*\*** TCA 71-3-503 (b) **\*\* Parent signature of acknowledgement** \_\_\_\_\_

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