

Franklin First United Methodist Church
120 Aldersgate Way Franklin TN 37069
Director: Jennifer Thorington
615-794-5386
jthorington@franklinfumc.org

Session One _____
Session Two _____
Session Three _____

For Office Use Only

Date Received _____
Admission Date _____
Reg. Fee Paid _____
Class Preference _____
Class Assigned _____

SUMMER FUN DAYS 2019
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 _____ Phone Number _____
Name _____ Relationship to Child _____ Phone Number _____
Name _____ Relationship to Child _____ Phone Number _____

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****