

Franklin First United Methodist Church
120 Aldersgate Way Franklin, TN 37069
Director: Jennifer Thorington
615-794-5386
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.