

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

Session One _____ May 30
Session Two _____ June 6
Session Three _____ June 13

For Office Use Only

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

SUMMER FUN DAYS 2023 FFUMC Preschool

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) _____

Email Address: _____

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 SIGN THE PERMISSION AGREEMENT ON THE BACK OF THIS APPLICATION. Also, let us know below anything else we need to know about your child before summer fun days. ****