

**Grace United Methodist Weekday School
Summer Fun Enrollment Information - 2010**

THE CHILD

Child's Name _____ Name Called _____
Address _____ Zip Code _____
Telephone _____ Date of Birth _____ Sex _____
Class enrolled 2009-2010 School Year _____

THE CHILD'S FAMILY

Father's Name _____ Occupation _____
Work # _____ Mobile # _____
Mother's Name _____ Occupation _____
Work # _____ Mobile # _____
Siblings _____
Church Affiliation _____

HEALTH HISTORY

Are there any physical impairments of any kind? _____
What diseases has your child had? (Give dates) _____
Is the child on any medicines? Yes/No If yes, what? _____

ALLERGIES

Are there any foods that you do not want your child to have?

EMERGENCY CONTACTS

The parent at home will always be called first; but we need the names of relatives or friends in case you cannot be reached. (List these persons in the order you want us to use.)

1. Name _____ Telephone# _____
2. Name _____ Telephone # _____
3. Name _____ Telephone # _____
Doctor's Name _____ Telephone# _____
Parent/Guardian _____ Date _____
Family Password _____

Permission to Photograph/Video Tape Student 2009-2010 Summer Fun: Grace WDS takes pride in our website. We enjoy putting photos of class activities and students on the web for parents and family members to view. These photos will not be used for commercial purposes. Children's names will not be used either on the website.

_____ Yes, you may photograph my child for use on the school website.
_____ No, please do not photograph my child for use on the school website.

Parent Signature _____ Date _____