

For Office Use Only

Enrollment Date: _____

Start Date: _____

BC: _____ Imm.Rec.: _____



First UMC Texas City

ENROLLMENT FORM 2009-2010 SCHOOL YEAR

Student Information				
Last Name	First Name	Goes By	Date of Birth	Sex (M/F)
Street Address		City	State	Zip Code

Parent Information							
Mother	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Guardian	Father	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Guardian
Last Name	First Name			Last Name	First Name		
Home Address (if different from student)				Home Address (if different from student)			
Home Phone		Cell Phone		Home Phone		Cell Phone	
E-Mail Address				E-Mail Address			
Employer Name		Work Phone		Employer Name		Work Phone	
Authorized to pick up		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Authorized to pick up:		<input type="checkbox"/> No	<input type="checkbox"/> Yes

Pick Up List (other than parents)	
Please list any person(s) authorized to pick up your child. This individual must possess a picture ID. .	
Name and Relationship to Child	Contact Numbers
Are there any persons who, for legal or other reasons that you have discussed with the Director, may not have access to your child? <input type="checkbox"/> No <input type="checkbox"/> Yes Who?	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION		
<input type="checkbox"/> I authorize the CDO Program to obtain emergency medical care and to transport my child for emergency medical treatment.		
Name of Physician or Hospital	Address:	Phone:
EMERGENCY CONTACT (other than parents)		
Name:	Address:	Phone:
List any known allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months. Include medications prescribed for continuous, long term use, and any other information which staff should be aware of: <input type="checkbox"/> None		