



First UMC Texas City
2009-2010 School Year
Re-Enrollment Update Form

Child's Name: _____ Nickname: _____ age: _____ DOB: _____

Updated Contact Info: Address: _____ Email: _____

Mom: Home #: _____ Work #: _____ Cell #: _____

Dad: Home #: _____ Work #: _____ Cell# _____

Updated Pick Up List (other than parents)

Please list any person(s) to whom the child may be released or who may come for the child if the parent cannot be reached.

Table with 2 columns: 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? [] No [] Yes Who?

Currently on file in CDO office: Updated Enrollment Form: Y _____ N _____ Updated Immunizations: Y _____ N _____

Please describe any new habits or skills your child has acquired since his last participation in CDO: _____

Please use the space below to update the requested information on your previously enrolled child.

Sleeping Habits: Naps () Yes () No () Sometimes () Never If yes, Time: _____ Length of nap: _____

AM Wake up time: _____ Bed Time: _____ Sleetime Routine: _____

Describe any changes in your child's sleeping habits recently: _____

Feeding Habits: Favorite foods: _____ Bottle: () Yes () No Sippy Cup: () Yes () No

Drinks: Formula: _____ Milk: _____ Juice: _____ Water: _____ Favorite Drinks: _____

Restricted Diet or Food Allergies? () Yes () No Describe: _____

Describe mealtime behavior that would help us with your child during lunchtime: _____

Dressing Habits: Can child dress self? () Yes () No Undress self? () Yes () No Describe any dressing issues you would like us to know: _____

Toiletry Information: Potty trained? () Yes () No If yes, how long? _____

Word child uses for Urination: _____ Bowel Movement: _____

Any information you would like us to know? (Ex. frequency of RR trips, RR routines, etc.)

