



H.U.M.N.S. BASIC CLASSES, REGISTRATION FORM

Please mark appropriate class selection, being sure to clearly mark 1st, 2nd and 3rd choices:

TODDLER TIME

- ___ 2-day, A.M. M&W
- ___ 2-day, A.M. T&TH
- ___ 1-day, A.M. F (February)

3 YEAR OLD CLASSES

- ___ 3-day, A.M. M-W-F
- ___ 3-day, P.M. M-W-F
- ___ 2-day, A.M. T&TH

4 YEAR OLD CLASSES

- ___ 3-day, A.M. M-W-F
- ___ 3-day, P.M. M-W-F
- ___ 5-day Pre-K, A.M. M-F
- ___ 5-day Pre-K, P.M. M-F

Child's Full Name _____ Name to be used at school _____

Birth date _____ Present age _____

Address _____ Phone (_____) _____ - _____

Father's Name _____ Occupation _____

Address _____

Place of Employment _____ Work Phone (_____) _____ - _____

Work Address _____

Mother's Name _____ Occupation _____

Address _____

Place of Employment _____ Work Phone (_____) _____ - _____

Work Address _____

Parent Email(s): _____

CLASS LIST RELEASE AND AUTHORIZATION

In accordance with #5105:2-12-32 of the Administrative Code, we shall not include in any school or class roster the name, address or telephone number of any child or parent (custodian/guardian) without their written consent. These rosters will only be furnished to parents (custodians/guardians) who are enrolled in the Hudson United Methodist Nursery School.

I _____, the parent (custodian/guardian) of _____
do hereby grant permission for my name, address and telephone number and that of my child to be included in the school/class roster.

I _____, the parent (custodian/guardian) of _____
do NOT hereby grant permission for my name, address and telephone number and that of my child to be included in the school/class roster.

YOUR CHILD AND FAMILY

Child's Birthplace _____ Place in Family _____

Family Pets _____

Please list all children in the family starting with the oldest:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Any special physical, emotional, social and intellectual or speech needs? _____

Please list all other pre-school experiences your child has had, past and present.

Place

Dates

Child's Reaction

Why are you sending your child to nursery school and what would you like him/her to gain from the experience?

What does your child like to do for the rest of the day when not at school? _____

What are your favorite leisure time interests and/or hobbies?

Mother

Father

Family

What philosophy of discipline do you use? _____

Are you willing to share any of your special interests, talents or resources with your child's class or the school?

Is there any additional information you feel would be helpful in working with your child? _____

Why did you select Hudson United Methodist Church Nursery School for your child? _____

Church Affiliation _____

Names and dates of siblings previously enrolled at HUMNS:

Name

Date

Parent/Guardian Signature _____ Date _____