



# 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
- \_\_\_ 2-day, A.M. T&TH

**4 YEAR OLD CLASSES**

- \_\_\_ 3-day, A.M. M-W-F
- \_\_\_ 5-day, A.M. M-F (Pre-K)

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:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

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 \_\_\_\_\_