



# Student Application

4705 Old Chapel Hill Road • Durham, NC 27707 • (919) 489-6552 • www.resurrectionumc.org • preschool@resurrectionumc.org

## Student Information

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Birthday \_\_\_\_\_ Gender (Boy/Girl) \_\_\_\_\_

## Parent/Guardian Information

### First Parent/Guardian

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_

### Second Parent/Guardian

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_

### Parent/Guardian Status

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_  
Custodial rights belong to:  
Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

### Applying for:

Parents Morning Out \_\_\_ 2's \_\_\_ 3's \_\_\_ Four Day 4's \_\_\_ Five Day 4's \_\_\_

## Additional Student Information

Nickname or Name Your Child Would Preferred to be Called: \_\_\_\_\_

Cultural Background and/or Country of Birth \_\_\_\_\_

First Language \_\_\_\_\_

Other Languages Spoken at Home \_\_\_\_\_

Previous Preschool Experience \_\_\_\_\_

Food Preferences \_\_\_\_\_

Special Interests/Favorite Toys \_\_\_\_\_

Dislikes \_\_\_\_\_

Any additional information that would help us to better understand and work with your child?

Special Needs (e.g. speech/language, physical limitations, behavior disorder) \_\_\_\_\_

## Family Information

Cultural Background and/or Countries of Origin \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Names and Birthdates of Other Children in Family \_\_\_\_\_

## Application Agreement

All children will be considered for admission to Resurrection UMC Preschool regardless of race or faith. Without exception, August 31st is honored as the birthday-cut-off date for class assignment.

Children with special needs will be considered for admission if the preschool staff has appropriately been trained to meet their needs. Admission to the preschool will be at the discretion of the Preschool Director.

If accepted to the preschool, the attached Health and Emergency form must be completed by you. The Health and Emergency form must be turned in to the Preschool office by the first day of the academic school year for your child to attend school.

A non-refundable application fee of \$35 must be submitted with this form for your child to be considered for acceptance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office Use Only*

Registration Number \_\_\_\_\_ Date Received \_\_\_\_\_

Payment Information \_\_\_\_\_ Process Date \_\_\_\_\_

**MEDICAL EMERGENCY FORM**  
**Resurrection United Methodist Church Preschool**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell phone/pager \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell phone/pager \_\_\_\_\_

Special Health Information (include all allergies, reactions, seizures, etc.) **This must be completed.**  
**If there are none, please write "NONE."**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, if parents can't be reached, please name two persons, who reside locally, who could pick your child up at school and give temporary care if he/she becomes ill.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone/pager \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell phone/pager \_\_\_\_\_

Other Medical Information:

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

I understand that every effort will be made to contact me in case of an emergency, and, if possible, before any medical treatment is administered. In the event of an emergency, I hereby give permission to Resurrection United Methodist Church Preschool to secure proper treatment for my child as named on this form.

If necessary, this includes selection of physician and closest appropriate medical treatment facility who are then authorized to perform such medical treatments as deemed necessary to protect the health of my child. I hereby release Resurrection United Methodist Church Preschool from any responsibility other than normal supervision and care. In case of accident, I will not hold Resurrection United Methodist Church Preschool, its staff members, management, or officers liable for securing such treatment.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_