



First United Methodist Preschool  
 213 S. Palm Avenue  
 Titusville, FL 32796  
 (321) 268-3660  
 Email: rsumner@fumctitusville.com

- |                                  |      |      |
|----------------------------------|------|------|
| <input type="checkbox"/> June 4  | half | full |
| <input type="checkbox"/> June 11 | half | full |
| <input type="checkbox"/> June 18 | half | full |
| <input type="checkbox"/> June 25 | half | full |
| <input type="checkbox"/> July 15 | half | full |
| <input type="checkbox"/> July 22 | half | full |

## SUMMER PROGRAM

Child's Name \_\_\_\_\_  
 (First) (Middle) (Last) (Nickname)

Address \_\_\_\_\_  
 (Street) (City) (Zip code)

Email address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex Male/Female Enrollment Date \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Cell phone # \_\_\_\_\_

Employer \_\_\_\_\_

Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Cell phone # \_\_\_\_\_

Employer \_\_\_\_\_

Phone # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Person to contact in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Persons permitted to remove child: Mother Yes/No Father Yes/No

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature