



Children's Creative Playday Preschool  
A Ministry of First United Methodist Church

**Registration/Admission: 2026 - 2027**

Office Use

Date Rcvd.: \_\_\_\_\_

Amt: \_\_\_\_\_ App.: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash.: \_\_\_\_\_

Child's Name (First/Last) \_\_\_\_\_ DOB \_\_\_\_\_ Girl or Boy

| Toddlers (18M) | Twos | Threes | Pre-K (4s) | 5s/TK | Kinder |
|----------------|------|--------|------------|-------|--------|
| M/W            | T/Th | M/W    | T/W/Th     | M-Th  | M-Th   |
| T/Th           | M-Th | T/W/Th | M-Th       |       |        |
| M-Th           |      | M-Th   |            |       |        |

Mother/Guardian Name (First/Last) \_\_\_\_\_

Father/Guardian Name (First/Last) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother/Guardian Cell # \_\_\_\_\_ Father/Guardian Cell # \_\_\_\_\_

Primary Phone (Check Only One): Mother/Guardian Cell ☐ Father/Guardian Cell ☐

Mother/Guardian E-mail \_\_\_\_\_ Father/Guardian E-mail \_\_\_\_\_

List any issues concerning your child that we should be aware of such as allergies, illnesses, injuries, hospitalizations during the past 12 months, medications taken, therapy program, other preschools, etc.

Allergy Severity: Mild ☐ Moderate ☐ Severe ☐

**EMERGENCY CONTACT AND AUTHORIZATION TO PICK UP:** Please list 3 local individuals (other than parents/guardians) to contact in the event of an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

**Please complete both sides of this form**



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Child's Name (First/Last) \_\_\_\_\_

**RELEASE PERMISSIONS: *(Please circle and initial)***

**Y/N** \_\_\_\_\_ I give my consent for my child to participate in water table play.

**Y/N** \_\_\_\_\_ I give permission for my child's name, parent names, address, email and phone numbers to be listed in the internal Playday Directory. The directory is only provided to parents and staff of Playday.

**Y/N** \_\_\_\_\_ I give permission for my child's picture to be taken while at school. This would be used for a class/school memory video or book.

**Y/N** \_\_\_\_\_ I give permission for my child to be photographed/videotaped while at school. I realize that the photo/video may be used on the school web site, Playday newsletter, Playday social media or FUMC Allen church service. The video may be used for informational or educational purposes regarding the programs or curriculum at Children's Creative Playday. Children will not be identified by name in photos or videos.

**POLICY ACKNOWLEDGEMENTS: *(Please circle and initial)***

**Y/N** \_\_\_\_\_ I have provided the Children's Creative Playday with a copy of my child's current immunization record.

**Y/N** \_\_\_\_\_ I acknowledge receipt of and agree to Playday's operational policies, including those for discipline and guidance as outlined in the Parent Handbook.

**Y/N** \_\_\_\_\_ I give consent for Children's Creative Playday to secure any and all necessary emergency medical care for my child. Every attempt will be made to contact parents and/or emergency contacts. Our local hospital is Texas Health Presbyterian located at 1105 N. Central Expwy., Allen, TX 75013, 972-747-1000.

**Y/N** \_\_\_\_\_ I acknowledge the Registration Fee is non-refundable.

Church Home/Faith Community \_\_\_\_\_ Alumni Family \_\_\_\_\_

Special Considerations \_\_\_\_\_

Referred to Playday by \_\_\_\_\_

By signing this form, you indicate you agree with all entries, selections, and policies. Changes can be made after submission with assistance from the office staff.

All information is correct and up to date as of \_\_\_\_\_ completed by \_\_\_\_\_  
**Date** **Parent/Guardian Signature**

**Please complete both sides of this form**