



# Mildred Haupt Preschool & Mother's Day out

Arlington Heights United  
Methodist Church

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Fort Worth, Texas 76107  
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## REGISTRATION

Child's Full Name \_\_\_\_\_ Likes to be called \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_

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

Hospital Preference: Cook Children's, 801 7<sup>th</sup> Avenue, Fort Worth, Texas 76104

Other \_\_\_\_\_

Any Known Allergies \_\_\_\_\_

### Mother's Information

Full Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

### Father's Information

Full Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

LEARNING through play, GROWING through God.

Pick Up Information: We will release your child ONLY to a person designated by you in writing. Please list persons to be notified in case of emergency and/or authorized to pick up your child.

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

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

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

In the event that I cannot be reached to make arrangements for emergency medical care, I hereby authorize the Preschool Director or person I charge to give consent for any and all necessary medical treatment for my child.

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

List anyone who MAY NOT pick up your child: \_\_\_\_\_

Are there any court orders affecting custody of this child? YES NO

If yes, who has custody of the child? \_\_\_\_\_

Are there restraining orders in place? YES NO (If yes, preschool must receive a copy)

Please explain restraining order \_\_\_\_\_

I have received a copy of the Parent Handbook

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

Please list any special needs your child has \_\_\_\_\_

\_\_\_\_\_

I understand that lunch is provided by the parent and that Mildred Haupt Preschool/MDO is NOT responsible for meeting my child's nutritional value daily food needs.

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

Please indicate class/days for which you are enrolling:

- Preschool 2s (age 2 by September 1) MWF T/TH
- Preschool 3s (age 3 by September 1) MWF T/TH
- Pre-Kindergarten (age 4 by September 1) MWF T/TH M-F
- Mother's Day Out (age 1 by September 1) M T W TH