

**First United Methodist Weekday Ministries
Enrollment "Update" Form
For Returning Students ONLY**

Child's Name _____

Have you had any changes in the past year in the following areas? _____

Please update any changes and sign and date the bottom.

PARENTAL INFORMATION

Mother

Name: _____
Address: _____
Home Telephone: (____) _____
Cell Phone: (____) _____
Email: _____

WORK INFO

Occupation: _____
Company Name: _____
Address: _____
Telephone: (____) _____

Father

Name: _____
Address: _____
Home Telephone: (____) _____
Cell Phone: (____) _____
Email: _____

WORK INFO

Occupation: _____
Company Name: _____
Address: _____
Telephone: (____) _____

Please list at least two (2) local relatives or friends who may be contacted in the event of an emergency.
We will contact these individuals only when the parent or guardian cannot be reached.

Name: _____	Relationship to Child _____	Home Telephone: (____) _____
Address: _____	_____	Work Telephone: (____) _____
_____	_____	Cell Phone: (____) _____

Name: _____	Relationship to Child _____	Home Telephone: (____) _____
Address: _____	_____	Work Telephone: (____) _____
_____	_____	Cell Phone: (____) _____

CHILD PICK-UP AUTHORIZATION

The persons listed below are authorized by the parents or guardians to pick up and drop off the child named in this enrollment form. This list is required by the Mississippi State Department of Health as outlined in the *Regulations Governing Licensure of Child Care Facilities*. The above named child may only be released to individuals on this list.

Name: _____	Telephone: (____) _____
Name: _____	Telephone: (____) _____
Name: _____	Telephone: (____) _____
Name: _____	Telephone: (____) _____
Name: _____	Telephone: (____) _____

SPECIAL NEEDS / ALLERGIES

Please list any specific needs that your child may have or information that is critical to the positive development of your child. **Please include any allergies your child may have:** _____

Parent Signature _____ Date _____