



Nashville Methodist Church Weekday School

209 E. Washington Street | PO Box 86

Nashville, NC 27856

252-459-7636

School@nashvillemethodist.com

www.nashvillemethodist.com/school

2024/2025 Child's Application

Name of Child: _____ Birth Date: _____
(Last) (First) (MI) (Name Called By)

Sex: Male _____ Female _____

Please check your child's priority for enrollment:

- Church member Currently enrolled
 Sibling of currently enrolled Currently unaffiliated

Name of the church you attend _____

If you do not have a church home we invite you to come here to Nashville United Methodist. Check here if you would like someone to contact you. ___ attend

Indicate 1st and 2nd choices of class and days (birthday cut-off is August 31st for each age group): *Preschool meets 9am-12pm*

- ___ 18-24 months (Tuesday & Thursday) ___ 2 yr. old (Monday, Wednesday & Friday) ___ 2 yr. old (Tuesday & Thursday)
___ 3 yr. old (Monday, Wednesday, & Friday) ___ 3 yr. old (Tuesday, Wednesday, & Thursday)
___ 4 yr. old (Monday – Thursday) ___ Pre-K (Monday - Friday) ___ Kindergarten (Monday - Friday; 8:30-12:30pm)

INFORMATION ABOUT THE FAMILY:

Mother/Guardian's Name _____ Home Phone _____ Cell Phone _____

Address _____ Zip _____

Where Employed _____ Business Phone _____ Email _____

Vehicle (Year, Make, Model, & Color): _____

Father/Guardian's Name _____ Home Phone _____ Cell Phone _____

Address _____ Zip _____

Where Employed _____ Business Phone _____ Email _____

Vehicle (Year, Make, Model, & Color): _____

Names and ages of siblings/others living in home _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies? No ___ Yes ___ * If yes, please explain _____
*(Use back of form if needed)

Please give any information concerning your child which will be helpful for preschool staff to know (such as fears, likes or dislikes, any special needs). If there are custody issues with a child, a meeting should be set up with the legal guardian of the child and the Director of the Weekday School.

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Name of child's dentist _____ Office Phone _____

Hospital preference _____ Phone _____

In case of sickness or accident, if neither father nor mother (or guardian) can be contacted, call:

Name _____ Cell Phone _____ Home Phone _____ Relationship _____

Name _____ Cell Phone _____ Home Phone _____ Relationship _____

(These emergency contacts should be local residents because they may be asked to pick up a sick child.)

Pick-up Information (People Authorized to pick-up child from school)

Name: _____ Phone Number: _____

Relationship to Child: _____

Vehicle (Year, Make, Model, & Color): _____

Name: _____ Phone Number: _____

Relationship to Child: _____

Vehicle (Year, Make, Model, & Color): _____

Name: _____ Phone Number: _____

Relationship to Child: _____

Vehicle (Year, Make, Model, & Color): _____

Parent or Guardians Signature: _____ Date: _____

*Submitting this application does not necessarily mean your child will be enrolled in the NMC Weekday School. If your child is admitted, you will receive an email on the one listed above as to the status of your application.

Office Use Only

Received on: _____ *Initial:* _____

NMC WDS: 2024/2025 Official

Revised: January 5, 2024