



109 S. Broad Street
 Brooksville, FL 34601
 (352)796-3496
 FAX: (352)796-3432
 Email: 1stmisc@tampabay.rr.com
 Website: 1stmisc.com

APPLICATION FOR ADMISSION
 (All information must be provided for this application to be considered)
STUDENT

Date of Application: _____ Grade: _____ School Year: _____

Full Name of Student: _____ Date of Birth: _____

Age: _____ Sex: _____ Place of Birth: _____ Social Security Number: _____ - _____ - _____

Home & Mailing Address: _____

Home Phone: _____ Cell: (D) _____; (M) _____
 _____ listed; _____ unlisted

Home FAX: _____ email: _____

FAMILY

Natural Father's Name: _____ Business Phone: _____ ext. _____

Occupation/Company: _____ Position/Title: _____

Business Address: _____

Natural Mother's Name: _____ Business Phone: _____ ext. _____

Occupation/Company: _____ Position/Title: _____

Business Address: _____

Marital relationship:

- Married & living together Single parent Separated Legally divorced Widow/Widower

If parents are divorced or separated, who has legal custody of the child? _____

Is either parent or other person(s) forbidden by a court order from equal access to the child or school records?

No Yes; **If yes, written documentation is required upon enrollment.**

Required Information: Persons (other than parents)
permitted to remove child or to be notified in case of illness or emergency:

Name: _____; Relationship: _____; Phone #: _____

Name: _____; Relationship: _____; Phone #: _____

If there are other children in your family, please complete the following:

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

Name: _____ Age: _____ Grade: _____ School: _____

FINANCIAL

Name of person responsible for paying tuition and other charges, if other than parent:

Name: _____ Address: _____ Phone #: _____

BEFORE/AFTER SCHOOL PROGRAM (ASP)

My child will be staying for the Before/After School Program. (Please check one) _____ Yes; _____ No

HEALTH

Complete health records on Florida HRS form 680 must be on file which should include an updated immunization record and results from a TB survey. A recent physical exam is also required for all students.

Does the student have any specific physical handicaps or medical problems?

_____ Yes; _____ No. If yes, please explain below.

Does the student take prescribed medication for chronic medical conditions? _____ Yes; _____ No

If yes, name of the medicine _____

Do you have any other information which may assist in the education of your child at Methodist School Center, such as pertinent medical or other data, i.e., allergies, etc., the school should be aware of, please indicate below:

SPIRITUAL

Church affiliation: _____ Members of: _____

IN MAKING APPLICATION, I UNDERSTAND THAT:

In making application for my child to attend Methodist School Center:

- I agree to support the spiritual, moral, dress, and disciplinary standards of the school.
- I am willing for my child to receive Christian instruction and will support the school in its endeavors to encourage and to guide my child in applying those teachings to his/her life.
- I will assume the responsibility for my student's education by supervising assigned homework and keeping in regular contact with my child's teacher.
- I will support, to the best of my ability, the school's entire program through prayer, time, and financial gifts.
- I agree that the school reserves the right to dismiss any student who consistently refuses to cooperate with his teachers, disrupts the class, or for nonpayment of tuition.

Father's Guardian's Signature Date

Mother's/Guardian's Signature Date

CONSENT FOR FIRST AID MEDICAL TREATMENT

This will acknowledge that the undersigned, as the parents or guardians of _____, a minor, do hereby give the First United Methodist School Center, and all of its full land part-time employees and volunteers, the authority to administer first aid treatment to said minor child in the event said minor child suffers an injury or illness where such treatment in the sole judgment of the person administering same, is reasonably appropriate and practicable for the injury or illness.

It is acknowledged by the undersigned that, for the purposes of this consent, first aid shall include, but not be limited to, topical and local treatment of minor injuries and illnesses, and shall also include, but not be limited to, emergency care or treatment for more serious injuries or illnesses in lieu of regular medical aid, or if regular medical aid is reasonably appropriate and practicable, before same can be obtained.

It is acknowledged by the undersigned that Section 768.13, Florida Statutes, the Florida Good Samaritan Act, shall be applicable to any situation or circumstances involving the rendition of first aid to said minor child, and that the second paragraph of this consent is illustrative only and is not to be construed as in any manner limiting the nature of the circumstances to which said Act shall apply. It is acknowledged by the undersigned that this consent shall take precedence over any entreaty by said minor child to stop cease or desist the administrative of any first aid treatment, and that any such entreaty by said minor child shall not be deemed to be an "objection" under the Florida Good Samaritan Act.

It is acknowledged and understood that neither the First United Methodist School Center, nor any of its full or part-time employees or volunteers, shall have any duty to render any first aid to said minor child under any circumstance, and that their only duty shall be to obtain regular medical aid for such injuries and illnesses suffered by said minor child when, in their sole judgment, regular medical aid is reasonably appropriate and practicable for the injury or illness. It is acknowledged that the grant of this consent imposes no additional duty or burden upon any of them.

It is further acknowledged that, in the event the First United Methodist School Center, or any of its full or part-time employees or volunteers, obtains regular medical aid for said minor child, same shall be at the expense of the undersigned and the execution of this consent shall serve as a guarantee of payment for same by the undersigned, which guarantee may be relied upon by the provider of any such regular medical aid.

I am the parent or guardian of the child listed below. My child will be participating in programs offered by the First United Methodist School Center. In the event that my child requires emergency or immediate medical treatment and I cannot be contacted, I authorize a licensed medical care institution to render medical care as may be appropriate.

Full legal name of child: _____ DOB _____ Phone # _____

Address _____
(street) (city) (state) (zip code)

MEDICAL HISTORY

Medications: _____ Allergies: _____

Date of last tetanus shot _____

FAMILY PHYSICIAN/PEDIATRICIAN:

Physician's Name _____ Phone #: _____

Mother's Name _____ Father's Name _____

Employer _____ Employer _____

Business Phone _____ Cell _____ Business Phone _____ Cell _____

Mother's Signature

Date

Father's Signature

Date

**First United Methodist School Center
Of
First United Methodist Church, Inc.
Of
Brooksville, Florida**

Parental Permission for Participation

I/We as parents, and/or legal guardians of (student's name) _____, hereby grant permission for him/her to participate in all educational and extracurricular activities and field trips for the current school year. I/We understand that an announcement of the activity or field trip will be made in advance so that if I/We were to have any objections, I/We could phone immediately or write within 2 school days, and my child would not participate in the activity or the field trip.

I/We authorize the school representative, in the exercise of his/her judgment as to the necessity to obtain medical treatment in the event of injury or illness that I/We agree to pay any expense incurred for this treatment.

I/We release the First United Methodist Church of Brooksville, Inc., and the First United Methodist School Center, any teacher, board member, official volunteer, and/or school representative, from any claim for injury to our child resulting from simple negligence and agree not to institute or be a party to any suit against the First United Methodist Church of Brooksville, Inc., and the First United Methodist School Center, any teacher, board member, official volunteer, and/or school representative, arising out of said student attending any of the events aforementioned to which I/We have agreed to with no objection through our signing of this agreement.

Photographs of the children participating in our programs may be taken from time to time and may appear in newspapers, magazines, brochures or other publicity materials. Your permission for photographs including your child to be used without compensation is part of this agreement. This permission must be granted to the School Center due to divorce/child custody circumstances. My child ___has or ___does not have my permission to be photographed.

My child ___has or ___does not have my permission to participate in physical education activities at the Methodist School Center. Please list any limitations your child might have due to physical or medical reasons which would affect their participation.

(Signature of Parent/Guardian)

Date

This person is ___personally know to me; or ___produced the following identification:_____

The information submitted in this form has been sworn to and subscribed before me this _____ day of _____ in the year _____.

Notary Public Signature