



H.U.M.N.S. SUPPLEMENTAL CLASSES, REGISTRATION FORM

Please mark appropriate program selection making sure to mark all EDE classes OPPOSITE your child's regular class. For PEDE be sure to mark a 1st, 2nd and 3rd choice:

PRESCHOOL EXTENDED DAY ENRICHMENT
P.M. 11:30-1:30

EXPLORER PROGRAM (4 & 5 yr olds)
P.M. T/TH 11:30-2:00

MON _____
WED _____
FRI _____

Child's Full Name _____ Name to be used at school _____

Birth date _____ Present age _____

Address _____ Phone (_____) _____ - _____

Father's Name _____ Occupation _____

Address _____

Place of Employment _____ Work Phone (_____) _____ - _____

Work Address _____

Mother's Name _____ Occupation _____

Address _____

Place of Employment _____ Work Phone (_____) _____ - _____

Work Address _____

Parent Email(s): _____

CLASS LIST RELEASE AND AUTHORIZATION

In accordance with #5105:2-12-32 of the Administrative Code, we shall not include in any school or class roster the name, address or telephone number of any child or parent (custodian/guardian) without their written consent. These rosters will only be furnished to parents (custodians/guardians) who are enrolled in the Hudson United Methodist Nursery School.

I _____, the parent (custodian/guardian) of _____
do hereby grant permission for my name, address and telephone number and that of my child to be included in the school/class roster.

I _____, the parent (custodian/guardian) of _____
do NOT hereby grant permission for my name, address and telephone number and that of my child to be included in the school/class roster.

Any special physical, emotional, social and intellectual or speech needs? _____

Parent/Guardian Signature _____ Date _____