

First United Methodist Church
Children's Day Out
Registration Form

Date: ____/____/____

Child's Name: _____ Male Female

Home Address: _____

Home Phone: _____ DOB: ____/____/____ Age: _____

Mother's Name: _____

Home Phone #: _____

Work Place: _____

Work Phone #: _____

Father's Name: _____

Home Phone #: _____

Work Place: _____

Work Phone #: _____

Cell Phone Numbers: _____

People to call in case of emergency (if parents cannot be reached):

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

I authorize First United Methodist Church CDO to allow my child to be released to the following people other than his/her parents:

1. _____ Phone #: _____ DL #: _____

2. _____ Phone #: _____ DL #: _____

3. _____ Phone #: _____ DL #: _____

If there are any adults you absolutely do NOT want your child to leave with, please list them here:

1. _____ Relationship: _____ DL #: _____

2. _____ Relationship: _____ DL #: _____

I will be using the extended care from 7:30 - 5:15. Initials: _____
Monthly tuition for this service is \$170.00.

I will be using the regular hours 9:00 - 2:30. Initials: _____
Monthly tuition for this service is \$135.00.

Medical Care Information

Please list any special problems / limitations your child may have (i.e.. allergies, previous / existing illness, special diet requirements, etc..)

Child's Physician: _____ Phone #: _____

Authorization for Treatment: I hereby give my permission for an authorized member of the First United Methodist Church CDO staff to administer first aid to my child if necessary or to seek additional medical attention including tests, surgery, etc.. as necessary in a medical emergency. Attempts to contact the parent will be made as soon as possible following the emergency.

Initials: _____

Permission for Transportation: The First United Methodist Church CDO staff has my permission to transport my child. I understand that all precautions will be taken to ensure the safety of my child.

Initials: _____

Medication: I, the parent or guardian, agree to personally hand-deliver any medication to the CDO Director. No medicine will be left in a diaper bag or backpack.

Initials: _____

Parent Handbook: I have read the First United Methodist Church Children's Day Out Handbook, and I agree to the policies stated in the handbook.

Initials: _____

Please photocopy your child s immunization record and return it with this registration form.