



2011 – 2012 ENROLLMENT PACKET

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2011 – 2012 ENROLLMENT FORM
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*Train up a child in the way he should go; and when he is old
he will not depart from it.*

Proverbs 22:6

**FIRST METHODIST DAYCARE
2011 – 2012 ENROLLMENT FORM**

Entrance Date: _____

Child's Name: _____

Sex: _____ Age: _____ Birthday: _____

Child Lives With: Mother () Father () Both () Other () _____

List Names and Ages of Other Children:

Church Membership: _____

Name of Church

Church Participation (Circle One)

Active

Occasional Attendance

Inactive

Father's Name: _____

Father's Address: _____

Home Telephone: _____

Cell Phone: _____ Pager: _____

E-mail Address: _____

Place of Employment: _____

Address of Employment: _____

Work Telephone: _____

Mother's Name: _____

Mother's Address: _____

Home Telephone: _____

Cell Phone: _____ Pager: _____

E-mail Address: _____

Place of Employment: _____

Address of Employment: _____

Work Telephone: _____

My Child May Be Released To The Following People:

Name: _____ Relation: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Pager: _____

E-mail Address: _____

Name: _____ Relation: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Pager: _____

E-mail Address: _____

Name: _____ Relation: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Pager: _____

E-mail Address: _____

Person to Contact in Case of Emergency When Parents Cannot Be Reached:

Name: _____ Relation: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Pager: _____

E-mail Address: _____

Name of Public School Your Child Attends: _____

Medical History

Name: _____ Date: _____

Is your child's immunization record up to date? Yes () No ()

What childhood illnesses has your child had: (circle please)

Chicken Pox

Roseola

R.S.V.

Measles

Please list any special health problems your child may have (hay fever, asthma, allergies, etc.) Please Specify: _____

Has your child had any serious illness or accidents we need to know about? Please give dates. _____

Does your child have any emotional or physical problems we need to know about?

Speech () Physical Handicap () Hearing () Other
() Please provide details that will assist us in caring for your child:

Please share with us anything that would be beneficial in helping us to meet their needs. _____

Is your child potty trained? Yes () No ()

Does your child need help with anything?

Feeding () Dressing () Pottyting () Other _____

When did your child last see a doctor? _____

What was the reason for the visit? _____

Name of doctor: _____

Address: _____ Phone Number: - _____

Is your child on any daily medication? Yes () No ()

If so what? _____

Signature: _____ Date: _____

Vehicle Emergency Medical Authorization

Should _____ (Name) _____ (Date of Birth)

suffer an injury or illness while in the care of FUMDC, and the facility is unable to contact me immediately, it shall be authorized to secure medical attention and care for the child as may be necessary. I agree to keep the facility informed of changes in telephone numbers etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's Doctor: _____ Phone: _____

Known medical conditions: Asthmatic () Diabetic () Epilepsy ()

Seizures () Other: _____

Signature: _____ Date: _____

Telephone: _____

Emergency Medical Information

Child's Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Father's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Work Phone: _____

Mother's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Work Phone: _____

Person to notify in case of emergency and parents can't be reached:

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Child's Doctor: _____

Phone: _____

Medical facility the center uses: _____

Address: _____

Child's Allergies: _____

Current prescribed medication: _____

Child's special medical needs and condition _____

In the event of an emergency involving my child and if F.U.M.D.C can not get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses during the treatment of my child.

Child's Name: _____

Parent's Signature: _____

Witnessed by: _____

Authorization to Dispense External Preparations

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give First Methodist Daycare permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the labe of the container.

Baby Wipes

- Band-aids
- Neosporin or similar ointment
- Bactine or similar first aid spray
- Sunscreen
- Insect Repellent
- Non-Prescription ointment (such as A&D, Desitin, Vaseline)
- Baby Power
- Other (please specify _____)

Parent/Guardian Signature _____

Date _____

Photographic Images of First Methodist Daycare Children

First Methodist Daycares wishes to take photographs or videos of pupils for a variety of reasons ranging from archive records to press coverage of activities and achievements. In order to comply with the Data Protection Act 1998, we are required to seek the permission of parents and guardians before recording and using such images. You are not required to give consent, and can withdraw consent at any time by written notification to the Daycare Director.

Below are listed the types of images that we may wish to take of your child. Please read the list carefully and ensure that the school is notified of your consent.

- Individual/group photographs in classrooms, etc for display at daycare (when names will be given in full)
- General photographs of children working in classrooms or around the daycare for our archives (which could be published at sometime in the future as a record of an era)
- Photographs of daycare events for daycare or church publications (when names could be given in full)
- Photographs of achievements /events for the website (when surnames will be given but initials only of the first names)
- Press photos which will appear with full names in local newspapers
- Photo portraits by commercial photographers to be offered for sale to parents as a school fund-raising activity

All photographs and images of children will be taken and used in accordance with the school's policy which requires staff to exercise professional judgment regarding the suitability of images and their use. Access to photos is restricted to relevant preschool and church staff. Archive copies of images may be retained for future reference.

If you do not complete and sign this consent form, we will assume that you do not give permission for any of the above photographs, and we will abide by your wishes.

As parent or legal guardian, I, _____, give permission for Thomson First United Methodist Church Preschool to take and use images of my child, _____, for the uses listed above on the understanding that the images are taken, stored and used in accordance with the school's policy. I have noted that I can withdraw my consent in writing at any time if a specific use causes concern.

Signed: _____ Date: _____

Parental Agreements with the Childcare Facility

First United Methodist Daycare Center agrees to provide daycare for _____ Monday through Friday, 7:00 a.m. to 6:00 p.m. – January to December.

We will provide a morning snack at 8:30 (end of May – August) or at 8:45 (August – May). Lunch will be at 11:30 and an afternoon snack at 2:30.

Before any medication is given, the parent must complete and sign a medication form. This form must be complete (no missing information) or we cannot give the medicine. Medicine is given at 11:30 and 3:30. Medicine is to be in the original container with the child's name on the bottle. Do not leave any medication in your child's diaper bag.

The facility agrees to obtain written authorization from me before my child participates in field trips away from the center. If we have water-related activities at the center, the water will not be over 2 feet.

The facility agrees to keep me informed of any illness, injuries, or adverse reaction to medications.

I understand that I must walk my child to his or her class everyday.

I understand that I must keep the daycare updated on home numbers, work numbers, and emergency contacts.

I have received a copy of the handbook and I agree to abide by all the rules.

Signature: _____ Date: _____

I have received a copy of the 2011-2012 First United Methodist Daycare
Centers Handbook.

Parent's Signature: _____

Parent's Name (Printed) _____

Date: _____