



2015-2016  
ENROLLMENT PACKET

Contents

2015-2016 ENROLLMENT FORM  
PERMISSIONS TO PICK-UP CHILD  
EMERGENCY CONTACTS  
MEDICAL HISTORY  
VEHICLE EMERGENCY MEDICAL AUTHORIZATION  
EMERGENCY MEDICAL INFORMATION  
AUTHORIZATION TO DISPENSE EXTERNAL PREPARATIONS  
PHOTOGRAPHIC IMAGES OF FIRST METHODIST DAYCARE CHILDREN  
PARENTAL AGREEMENTS WITH THE CHILDCARE FACILITY  
ACKNOWLEDGEMENT OF RECEIPT AND READING OF 2010 HANDBOOK

*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  
2015-2016 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 ( )

Pottying ( )

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 label 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 Powder
- 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
- Social media

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

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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 2015-2016 First United Methodist Daycare  
Centers Handbook.

Parent's Signature: \_\_\_\_\_

Parent's Name (Printed) \_\_\_\_\_

Date: \_\_\_\_\_