

Operation Name First United Methodist Preschool		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
<hr/> Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

CHECK ALL THAT APPLY: I hereby give do not give - consent for my child to be transported and supervised by the operation's employees:

1. TRANSPORTATION:

Walk home for emergency care on field trips to and from home to and from school

2. FIELD TRIPS: I hereby give do not give - my consent for my child to participate in Field Trips:

Parent's Comments:

3. WATER ACTIVITIES: I hereby give do not give - my consent for my child to participate in Water Activities:

sprinkler play splashing/wading pools swimming pools water table play

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES:
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:

None Breakfast AM Snack Lunch PM Snack Supper Evening Snack

6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

Mondays from: to:
Tuesdays from: to:
Wednesdays from: to:
Thursdays from: to:
Fridays from: to:

PLEASE ATTACH A CURRENT COPY OF YOUR CHILD'S IMMUNIZATIONS

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	PASS FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____		DATE _____	

FOUR YEAR OLDS MUST HAVE A VISION & HEARING SCREENING PRIOR TO ADMITTANCE

Signature - Parent or Legal Guardian Date

Do you have a church home? If so, where? _____

Would you be interested in receiving information about First United Methodist Church? _____

*Parent's Name: _____

*Child's Name: _____

*Address: _____

*Phone Number: _____