

MINOR MEMORIAL UMC AFTER SCHOOL CARE PROGRAM ENROLLMENT APPLICATION

Childs name _____ Date of Birth _____

Home address _____ City/Zip _____

Home phone _____

Mothers name _____ Fathers name _____

Place of employment _____ Place of employment _____

Work address _____ Work address _____

Work phone _____ Work phone _____

Cell phone _____ Cell Phone _____

Parents are ___married/together ___separated ___divorced. If separated or divorced do you have court documents supporting this custody arrangement? ___yes ___no

List any special needs of the above child. Does your child have any allergies? Please list, include foods, medications, etc... _____

My child is toilet trained: ___yes ___no If no, a consultation between the parent and caregiver is required to be documented prior to toilet training. Date of consultation _____.

Read and initial the appropriate answer to the following items:

1. I have been informed that this child care facility does not provide liability insurance for my child. ___yes ___no
2. I have been given a copy and have read a copy of the MSDH regulation summary for parents. ___yes ___no
3. I have been given a copy and have read a copy of this facility's parent handbook. ___yes ___no
4. I have given this facility a current MSDH 121 immunization compliance form. ___yes ___no
5. My child may be photographed at the child care facility ___yes ___no
6. My child may take approved field trips sponsored by the child care facility ___yes ___no
7. The child care facility may give my child emergency medical treatment if needed ___yes ___no
8. My child will eat breakfast at the facility: If no, my child will eat before coming into the facility ___yes ___no

In case of emergency and the parents cannot be reached, contact the following: (list at least 2 emergency contacts)

1. Name _____ Phone _____ Relationship _____
2. Name _____ Phone _____ Relationship _____
3. Name _____ Phone _____ Relationship _____

Along with the emergency contacts, the following people are authorized to pick up and drop off my child:

1. Name _____ Phone _____ Relationship _____
2. Name _____ Phone _____ Relationship _____
3. Name _____ Phone _____ Relationship _____
4. Name _____ Phone _____ Relationship _____

Parent Signature : _____ Date _____

Child Care Director Signature: _____ Date _____

DIRECTOR USE ONLY: Enrollment date _____ Start date _____ Withdrawal date _____