

Office Use:
Class: _____
Date Enrolled: _____

PARENT'S DAY OUT ENROLLMENT FORM FIRST UNITED METHODIST CHURCH

Child's Name: _____
Date of Birth: ____/____/____
Address: _____
(Street) (City) (State/Zip)

Mother's Information:

Mother's Name: _____
Address(Home): _____ (Work): _____
Occupation: _____
Phone(Home): _____ (Work): _____ (Cell): _____

Father's Information:

Father's Name: _____
Address(Home): _____ (Work): _____
Occupation: _____
Phone(Home): _____ (Work): _____ (Cell): _____

Child's Information:

Does your child have any serious illnesses or health conditions that we need to be aware of? If so, please list? _____

Does your child have any allergies? If so, please list? _____

Does your child have any nervous habits? If so, please list? _____

Does your child have temper tantrums? If so, how is it handled at home? _____

Is there any additional information you think we should know about your child? _____

Email Address: _____

Church Membership? _____

Medical information:

Please list two different people that we can contact in case neither parent can be reached in an emergency:

Name: _____

Relationship to Child: _____ (Phone) _____

Name: _____

Relationship to Child: _____ (Phone) _____

In the event the parent cannot be reached at a time of illness or accident, or the emergency is such that time does not permit such contact, we authorize the caregiver in charge at First United Methodist Church, Irving, to take our child to:

Physician's Name: _____

Physician's Phone: _____

Physician's Address: _____

Hospital: _____

Phone: _____

Address: _____

Is this child covered by Health Insurance? _____

If so, what is the company's name? _____

Company phone number: _____

If the Physician/Hospital cannot be reached when called, I hereby authorize the Director or designated staff member of the facility at First United Methodist Church, Irving, to take my child to be treated by authorized, licensed, medical personnel.

Parent/Guardian Signature: _____ (Date) _____

_____ (Date) _____

*Please provide a photocopy of your child's most current shot record which must include the date, child's name, date of birth and Physician's name.

Siblings:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Pictures:

We are frequently taking photos of your child throughout their time with us. From time to time, we advertise our program and use pictures of the children currently enrolled in our program. We would like your permission to use any picture of your child for these purposes.

I agree _____

I disagree _____

Parent/Guardian Signature: _____

Date _____

Child Pick Up:

I authorize the following persons to pick up my child from First United Methodist Church, Irving, but I must notify the Director of this before they arrive to pick up my child.

1. _____

2. _____

3. _____

No one other than a parent/guardian is allowed to pick my child up from First United Methodist Church, unless specified by parent.

Parent/Guardian Signature: _____ Date _____

_____ Date _____

We accept the policy of and the rules and regulations of the Parent's Day Out Program at First United Methodist Church in Irving, as they now exist. We further release and discharge the First United Methodist Church, Irving, it's agents, employees and any and all persons concerned therewith from any liability, claims and causes of action of any type whatsoever arising out of or in any way connected with said child's participation in the Parent's Day Out Program of the First United Methodist Church of Irving, Texas. And within my knowledge, all the information on file at Parent's Day Out at First United Methodist Church is current and correct. I also understand that it is my responsibility to update this information in a prudent and timely manner, as circumstances dictate.

Parent/Guardian Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____