



Mother's Day Out Program
Cedar Park First United Methodist Church



Registration Packet
2017-2018

The following forms are the enrollment and health information for your child for the school year. Please be sure to read the Parent Handbook for our policies and procedures before you fill out these forms. Then, simply sign in the appropriate places and return in the most convenient manner for you. If you have any questions please feel free to contact us. These forms must be received before your child starts school.

Address:

A Child's Haven
Lesley Foyt, Director
600 W. Park Street
Cedar Park, TX 78613

Phone Number:

512-335-9540

Fax Number:

512-335-0130
Attn: Lesley Foyt

E-mail:

director@childshaven.net



Enrollment Form

Child Information

Child's Name _____ Age _____
Last First Preferred Name (as of September 1, 2017)

Address _____
Street City Zip

Home Phone _____ Date of Birth _____ M F

Other Children in Family _____
(Name/Age)

Other Adults in Family _____
(Name/Relationship)

Parent/Guardian Information

	Father/Guardian	Mother/Guardian
Name	_____	_____
Home Address	_____	_____
Home phone	_____	_____
Work phone	_____	_____
Cell phone	_____	_____
E-mail address	_____	_____

If separated or divorced, who has custody? _____

Transportation- must provide two names

I hereby authorize A Child's Haven to allow my child to leave with the following persons:

Name/phone _____ Relationship _____

Name/phone _____ Relationship _____

Parent Agreement

I have read the Parent Handbook and I accept and will abide by the policies.

Initial

Parent Signature

Date

For office use:

Allergies: _____

Emergency numbers: _____

Authorized pick-up by: _____



Emergency Medical Form

<hr/> <i>Name of Child</i>	<hr/> <i>Date of birth Child's</i>	<hr/> <i>Social Security Number</i>
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Food Allergies and Special Instructions for Teachers:

Emergency Contact, if parents cannot be reached:

<hr/> <i>Name</i>	<hr/> <i>Phone</i>	<hr/> <i>Address</i>
<hr/> <i>Name</i>	<hr/> <i>Phone</i>	<hr/> <i>Address</i>

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director in charge to take my child to:

<hr/> <i>Name of Physician</i>	<hr/> <i>Address</i>	<hr/> <i>Phone Number</i>
<hr/> <i>Name of Hospital</i>	<hr/> <i>Address</i>	<hr/> <i>Phone Number</i>

<hr/> <i>Insurance Company</i>	<hr/> <i>Policy Number</i>
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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 caregivers should be aware of:

I hereby give consent for emergency transportation to medical treatment as well as give consent for all medical treatment to the doctor, hospital, or other medical facility that administers medical treatment to the herein identified child while in the care of A Child's Haven, Cedar Park First United Methodist Church: 600 W. Park Street, Cedar Park, TX 78613 beginning August 23, 2017-May 25, 2018

<hr/> <i>Parent Signature</i>	<hr/> <i>Date</i>
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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 or (800) 514-0383 (TTY).



Health Requirements Form

Name of Child:

Birth Date:

Immunizations	Date/dose 1	Date/dose 2	Date/ dose 3	Date/ booster	Date/ booster
DTP/DtaP/DT					
POLIO-IPV					
Measles Rubeola Serampion					
Mumps					
Rubella					
Hib					
Hepatitis A					
Hepatitis B					
TB Test (if required)	Positive_____	Negative_____	Date:		
*Varicella					

**Varicella vaccine is not required if your child has had chickenpox. If your child has had chickenpox, please complete the following:*

My child had varicella disease on or about (date) _____ and does not need the varicella vaccine.

Parent Signature

Date

Signature-Physician or Health Personnel

Date

Signature - Staff making Handwritten Copy of Record

Date

ADMISSION REQUIREMENT: *One of the following must be presented when your child (under the age of 5) is admitted to the facility of within one week of admission. Check to indicate the option you select:*

___ DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the program.

Physician Signature

Date

___ A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment program, if no referral for further diagnosis and treatment is indicated.

___ A form or written health statement from a health service of clinic.

Hearing

Pass/Fail

	1000 Hz	2000 Hz	4000 Hz
R			
L			

Vision

Pass/Fail

R	20/
L	20/

Signature-Physician or Health Personnel

Date

Signature-Physician or Health Personnel

Date



Release Form

I hereby give my permission for my child: _____
Name

Initial

to be photographed (school portraits, in-class use, administrative use).

Initial

to be included in the school directory, including his/her name, parent's name, and parent email

Initial

to participate in water activities during school hours when they occur. Water activities include wading pools and sprinkler play.

Initial

to participate in field trips (parent volunteers accompany – permission slip sent home before each field trip).

Initial

to allow transportation for field trips with staff member if parent cannot provide transportation for own child (information included in permission slip sent home before each field trip).

Parent Signature

Date



Volunteer Form

Child Information

Name

Child's Teacher

We are interested in volunteers for many aspects of our program. Please indicate if you are interested in volunteering in any of the following ways. We greatly appreciate all of the support our parents provide.

- Room Parent
- Help teachers with special projects and play days
- Volunteer time to assist teachers during regular day

We greatly appreciate any donations of time to the program. Please let the director know!

Please list the days and times that you are available:

(We are in session on Tuesdays, Wednesdays and Thursdays from 9:00 a.m. – 1:00 p.m.)

We especially need substitutes to help out when our teachers and aides are sick or absent. There are some special requirements for this. Please see the director for more information.

All volunteers must have a background check before being able to work and help with the children.

I agree to a background check.

Initial

Parent/Guardian Information

Name

Social Security Number

Birth Date

Signature

Date