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

2017-2018

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: _____

2017-2018

Emergency Medical Form

_____	_____	_____
Name of Child	*Date of birth Child's*	*Social Security Number*

Food Allergies and Special Instructions for Teachers:

_____

Emergency Contact, if parents cannot be reached:

_____	_____	_____
Name	*Phone*	*Address*
_____	_____	_____
Name	*Phone*	*Address*

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:

_____	_____	_____
Name of Physician	*Address*	*Phone Number*
_____	_____	_____
Name of Hospital	*Address*	*Phone Number*

_____	_____
Insurance Company	*Policy Number*

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

_____

Parent Signature *Date*

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).

2017-2018

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*

2017-2018

A Child's Haven

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*

2017-2018

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*