

# FirstKids Club: Hand in Hand Sharing God's Love

2012-2013

## Enrollment Form

All information must be provided for this application to be considered. Please print legibly or type.

<b>Child's Age:</b> ( ) 6 wks. - 18 mo. ( ) 18 mo. - 2yrs. ( ) 3 & 4 yrs. ( ) K-6 <sup>th</sup> grade (summer only)	<b>Programs (Check all that apply)</b> ( ) Tues. ( ) Thurs. ( ) Early Care ( ) Extended Care ( ) Summer Program <b>START DATE:</b>
---	--

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Social Security # \_\_\_\_\_

Child's Address \_\_\_\_\_  
City State ZIP

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_  
City State ZIP

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_  
City State ZIP

**Persons to call if parents cannot be reached in an emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Other than parents, I authorize First United Methodist Church to allow my child to leave the facility ONLY with the following:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**FIELD TRIPS:** FirstKids Club offers field trips for the older classes. Parent(s) are notified prior to the event of a field trip, and a permission slip must be signed in order for the child to attend the event.

In the event that I have been notified and have returned the signed permission slip, I hereby:  give  do not give my consent for my child to take part in any scheduled field trip.

**WATER ACTIVITIES:** I hereby give my consent for my child to participate in the following water activities: (please check all that apply)  
 sprinkler play  water table play  splashing/wading pools  swimming pools

**NUTRITION AGREEMENT:** I acknowledge that I am responsible to provide a nutritious sack lunch for my child on Tuesdays & Thursdays, and that the FirstKids Club is not responsible for meeting my child's daily nutritional needs.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

#### MEDICAL INFORMATION

List any special problems that your child may have such as allergies, existing illness, previous illness, hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, or any other information of which the staff should be aware. Failure to disclose a medical condition may result in expulsion. **This section must be filled out, so if no problems exist, please put "NONE" in the space provided.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize FirstKids Club Director, Reanna Choate, or Acting Director, to take my child to:

Name of Licensed Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Preferred Hospital (or write "nearest") \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

I give consent for this facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**ADMISSION REQUIREMENTS:** Each of the following must be presented before your child is admitted to the school.

- I have attached a copy of my child's most current Immunization Record
- I have attached Form 1515 (Doctor's Statement) or a written statement from a health service or clinic
- Registration Fee \$50

#### FOR OFFICE USE ONLY

Date of Admission \_\_\_\_\_ School Year \_\_\_\_\_ Class Enrolled \_\_\_\_\_

Registration Fee \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

**FirstKids Club  
37 E. Beauregard  
San Angelo, TX 76903**

**Ph # 325-655-8981    FAX# 325-655-7039**

**DOCTOR'S STATEMENT**

FirstKids Club is a Kids' Day Out program in the state of Texas. We are required to have this signed statement from a licensed health professional on file.

I have examined this child within the past year and find that he/she is physically able to take part in FirstKids Club.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Licensed Health Professional Signature

\_\_\_\_\_  
Date