

FirstKids Club: Hand in Hand Sharing God's Love

2016-2017

Enrollment Form

All information must be provided. Please print legibly or type.

Child's Age: <input type="checkbox"/> 6 wks. - 17 mo. <input type="checkbox"/> 18 mo. - 2yrs. <input type="checkbox"/> 3 & 4 yrs.	Programs (Check all that apply) <input type="checkbox"/> Tues. 9am-1:30pm <input type="checkbox"/> Thurs. 8-9am <input type="checkbox"/> Early Care 8-9am <input type="checkbox"/> Extended Care 1:30-3pm
START DATE: _____	

Child's Name _____ Home Phone _____
Last First Middle

Date of Birth _____ Gender M/F How did you hear about us? (Please circle one or more of the following)

SA Family Magazine Facebook Friend Church School Other _____

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:

(1) Name _____ Relationship _____

Address _____ Phone Number _____

(2) 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 _____

(Teachers will ask for a picture ID if they have not previously met authorized persons picking up.)

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

PUBLICITY: I hereby give my consent for my child's picture or recordings to be included in the following First United Methodist Church publicities: Church Directory, Promotional Materials, Website, Facebook, Church Newsletter () Give () Do Not Give

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 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 Doctor's Statement or a written statement from a health service or clinic
- () Registration Fee \$75

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