

FALL/SPRING 2011-2012 ENROLLMENT FORM

FIRST UNITED METHODIST CHURCH MOTHER'S DAY OUT

801 West Avenue B
 Garland, Texas 75040-6216
 Telephone 972-494-3096
 www.fumcgarland.org

For Office Use Only:
 Date of Admission _____
 Fee: \$ _____
 Check No. _____ Cash _____

<p>Mother's Day Out is open to children 6 weeks to 3 years. <i>Place a check by the options your child will be attending.</i></p> <p>Mother's Day Out 9:00 a.m. - 2:00 p.m. <input type="checkbox"/> Monday <input type="checkbox"/> Wednesday</p> <p>Extended Day 2:00 - 5:00 p.m. <input type="checkbox"/> Monday <input type="checkbox"/> Wednesday</p>	<p>Enrollment Fee Mother's Day Out \$50 for 1 day, \$100 for 2 days</p> <p>Tuition Mondays \$90 per month Wednesdays \$100 per month Drop In Fee \$30 per day pending available space Extended Day \$15 per day</p> <p>The enrollment fee is payable before a child is accepted upon registration.</p> <p>Tuition is due the first session of each month. There will be a \$10/day late fee added to monthly payments made after the 10th of the month.</p> <p>Parents are responsible for payment until the program is notified in writing that the child is being withdrawn.</p>
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Child's Full Name _____	Child's Date of Birth _____	Child's Home Telephone No. _____
Child's Home Address _____		
Parent's or Guardian's Name _____	Address (if different than child's address) _____	
Church Affiliation _____		
Parents' Marital Status: ___Married ___Separated ___Divorced ___Widowed ___Single		
If separated, who has custody of the child? _____		
<i>In the event that one parent is the sole legal guardian, we must have a copy of a legal document evidencing this authority.</i>		
Give the name, address and phone number of person to call in case of an emergency if parents/guardian cannot be reached _____		Relationship _____
<i>List email addresses where the school and your child's teacher may contact you.</i>		
Primary email _____	Alternate email _____	
I hereby authorize FUMC Day School & Mother's Day Out to allow my child to leave the facility ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. List telephone numbers below where parents/guardians may be reached while child will be in care.		
Mother's Name _____	Phone No. _____	Driver's License No. _____
Father's Name _____	Phone No. _____	Driver's License No. _____
Guardian's Name _____	Phone No. _____	Driver's License No. _____
Name _____	Phone No. _____	Driver's License No. _____
Name _____	Phone No. _____	Driver's License No. _____

AUTHORIZATION FOR MEDICAL TREATMENT

In the event that I cannot be reached to make arrangements for medical treatment, I authorize any representative of the First United Methodist Church Day School or Mother's Day Out to administer first aid and/or transport _____ (my child) to the nearest hospital or emergency treatment clinic. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital, or emergency treatment clinic (health care provider), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release FUMC Day School and Mother's Day Out, any health care provider, and any of their respective agents, employees, officers, or representatives from any and all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization. In addition, I hereby give permission for my child to participate in any activities which constitute a part of FUMC Day School or Mother's Day Out, whether such activities take place on FUMC property or elsewhere. I hereby release FUMC Day School, Mother's Day Out, its agents, employees, officers, and representatives from any and all liability which might arise out of my child's participation in the FUMC Day School or Mother's Day Out.

Signature of parent or legal guardian (MUST BE SIGNED BEFORE NOTARY PUBLIC)

Date

Notary Public:

Sworn to and subscribed before me this

Seal:

_____ day of _____, 20_____

Notary Public Signature

(Print or type name)

SPECIAL CONCERNS

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 caregiver's should be aware of:

Does your child have:

___ Epilepsy ___ Asthma ___ Hyperactivity ___ Diabetes ___ Convulsions

Does your child have allergic reaction to:

___ Penicillin ___ Insect Bites ___ Foods (please specify) _____

MEDIA PERMISSION

First United Methodist Church Day School and Mother's Day Out staff take pictures of the children at our programs and special events throughout the year. These pictures are primarily used for classroom crafts, bulletin boards, and special events. In addition to program activities, do you give permission for First United Methodist Church Day School and Mother's Day Out to use these photos for purposes of publicizing our program? Examples of publicity include our brochures, website, and mailings. Permission is for images only. Names of children will NOT be used.

Yes, First United Methodist Church Day School and Mother's Day Out has my permission to use my child's photo in communication and publicity materials. This agreement is for photos only. My child's name will not be used.

No, First United Methodist Church may not use my child's photo in communication and publicity materials.

Please tell us how you heard about our program:

Currently enrolled family (please list their name for our Referral Rewards program)

Church website

Newspaper or magazine

Other _____

I have read and accept the policies and regulations of the First United Methodist Church Day School and Mother's Day Out, printed on this form as well as those printed in the Day School & Mother's Day Out brochure, and I release it from any and all liability resulting from conditions or circumstances beyond its control.

Signature of Parent or Guardian

Date