

**Harris Creek Parent's Day Out and  
Preschool Program  
Enrollment Information  
2018 Summer**

|                         |
|-------------------------|
| For Office Use Only     |
| Date Received: _____    |
| Supply Fee Paid: _____  |
| Class Assignment: _____ |
| How referred: _____     |

**Days Applying For:** Tuesday and Thursday

**Child's Information**

Full Name (Including Middle): \_\_\_\_\_

Nickname or other name the child goes by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on 6/1/18: \_\_\_\_\_

Child lives with:  Mother & Father  Mother  Father  Legal Guardian

Has child previously attended a MDO or preschool program? Yes / No If so, where? \_\_\_\_\_

**Parent's Information**

Parents are:

Married  Divorced  Separated  Widowed  Other: \_\_\_\_\_

If divorced, who has legal custody?  Mother  Father  Both

May the non-custodial parent pick up the child? Yes / No \*\* If no, you must provide legal documentation.

**Mother's Full Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Church Membership: \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Church Membership: \_\_\_\_\_

**Legal Guardian's Name (if applicable):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Emergency Contacts**

Name two people who would assume responsibility for your child if you cannot be reached.

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## **Authorized Pickups**

I hereby authorize Harris Creek Baptist Church to allow my child to leave the facility with ONLY the following persons (these are in addition to the Emergency Contacts):

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**I understand that my child will only be released from Harris Creek Baptist Church to me or a person on this list. If someone who is not on this pick up list comes for my child, I will notify Harris Creek Baptist Church in advance by phone or in person, and the person must have picture identification. I also understand that any person delivering or picking up my child must sign in or out and make staff members aware of my child's arrival and/or departure.**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acknowledgement of Policies and Procedures**

I have read and understand the Harris Creek Mother’s Day Out Program PARENT HANDBOOK. In order to keep my child enrolled at Harris Creek Baptist Church, I agree to abide by these policies. Harris Creek Mother’s Day Out Program has the right to refuse admission to anyone.

I understand the importance of making timely tuition payments and using good judgment when determining whether to keep my child home if he or she should become ill.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read the following and initial “I give consent” or “I do not give consent.”**

**Emergency Transportation**

I give Harris Creek Baptist Church permission to transport my child to a safe location in the event of a medical emergency or an emergency evacuation. I understand that I may or may not be notified in advance of such transportation.

\_\_\_\_\_ I give consent                      \_\_\_\_\_ I do not give consent

**Field Trips**

I give Harris Creek Baptist Church permission for my child to participate in excursions or other planned trips away from the church, so long as the church has provided advance notice of the activity.

\_\_\_\_\_ I give consent                      \_\_\_\_\_ I do not give consent

**Water Activities**

I give permission for my child to participate in supervised water activities while at Harris Creek Baptist Church. Such activities may include sprinkler play, water table play, or wading pool play.

\_\_\_\_\_ I give consent                      \_\_\_\_\_ I do not give consent

**Media Release**

I give permission for my child’s image to be displayed on the Harris Creek Baptist Church website and in other promotional materials. I understand that this material may be used for informational purposes within the church and may also be used to provide information about programs and activities to the public through publications, displays, in newspapers and other print media.

\_\_\_\_\_ I give consent                      \_\_\_\_\_ I do not give consent

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge at Harris Creek Baptist Church to take my child to:

Name of Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone: \_\_\_\_\_

**I give consent for this facility to secure any and all necessary emergency medical care when my child is in the care of this physician and/or hospital or clinic.**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical History**

Please list any special needs or problems that your child has including allergies (food, medication, etc.), existing illnesses, previous serious illnesses, or serious injuries that we should be made aware of. Also include any hospitalizations during the past 12 months, and any medication prescribed for continuous, long-term use. Please write N/A if inapplicable.

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

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Required Health Statement

In accordance with the Minimum Standards for child care centers, a health statement is required to be on file at the church before each child may attend the program.

In order for your child to be admitted to the program, you must have your child's doctor fill out and sign this form. We must also have a copy of your **child's current immunization record** before your child may attend the program.

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

Date of Birth: \_\_\_\_\_

### Physician's Statement

I have examined this child within the past year and find that the child is physically able to take part in the child care program.

Name of Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_