



# FORREST BURDETTE

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## CHILDREN'S OUTREACH MINISTRIES

### Early Education Enrollment Form

School Year 2018-2019

2 Year Old Class  3 Year Old Class  4 Year Old Class

Please use child's age as of July 1, 2018

Preferred Days of Attendance:  2 days (\_\_\_/\_\_\_)  3 days (\_\_\_/\_\_\_/\_\_\_)  5 days M-F

- Please indicate which days

Full Day Program  7am-6pm 5 hour Program  8:30am-1:30pm 3's and 4's class only  
3 1/2 hour Program  8:30am-12:00pm 2's class only

My child is  Returning  New Student  Sibling

Child's Full Name \_\_\_\_\_ Sex: M or F (circle)

Name Child Goes By \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Hours of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Email Address \_\_\_\_\_

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

Home Address \_\_\_\_\_

Employer \_\_\_\_\_ Hours of Employment \_\_\_\_\_

Employer's Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Legal Guardian (if parents are divorced) \_\_\_\_\_

**IF THERE ARE RESTRICTIONS REGARDING CHILD CUSTODY, PLEASE  
PROVIDE A COPY OF THE PARENTING PLAN FROM YOUR DIVORCE DECREE.**

## Release Form

Name of student \_\_\_\_\_

Special instructions/restrictions concerning releasing your child \_\_\_\_\_

\_\_\_\_\_

List and describe the people who are authorized to pick up your child:

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

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

Physical Description \_\_\_\_\_

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

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

Physical Description \_\_\_\_\_

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

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

Physical Description \_\_\_\_\_

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

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

Physical Description \_\_\_\_\_

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

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

Physical Description \_\_\_\_\_

The first time your child is picked up from the Early Education Program, we will check the driver's license of that person to verify their identity. If they are included on the list above, your child will be released to them. If they are not listed above, we will need a phone call from the parent/guardian releasing the child to someone not on the list. If the staff does not know this person, we will ask to see his/her driver's license to verify that this person is authorized to pick up your child as per the parent/guardian's phone instructions. These precautions are taken to insure the safety of all the children attending the Children's Outreach Ministries Programs.

Please be prompt in picking up your child. If your child is picked up late, we will send home a late pick-up notice. After this notice, a late fee will be charged for each occurrence.

## Medical Information Form

I, \_\_\_\_\_, parent of \_\_\_\_\_, do hereby give my  
Parent/Guardian Name of student

permission and/or consent for Forrest Burdette Memorial United Methodist Church to secure and authorize such emergency medical care and/or treatment as my child, named above, might require while under the supervision of said church. I also agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Physician to contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

In case of an emergency, please list who may be called if the parent(s) can't be reached. (Local Residents only)

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

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

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

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

### Health History

Please check the appropriate health conditions for your child:

Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ Emotional Problems \_\_\_\_\_ Food Allergies \_\_\_\_\_

Drug Allergies \_\_\_\_\_ Abnormal: Sight \_\_\_\_\_ Hearing \_\_\_\_\_ Speech \_\_\_\_\_

If you checked yes to any of the above health conditions, please further explain the situation including a management/intervention plan (medication, corrective equipment, therapy):

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Please list any specific limitations concerning activities: \_\_\_\_\_

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Is your child on any medication at the present time? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain including name of medication as well as condition being treated \_\_\_\_\_

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## Permission Form

I give permission for my child, \_\_\_\_\_, to participate in  
Name of student  
the following events at Forrest Burdette Children's Outreach Ministries:

### Pictures/Videos/Audio

We may take pictures or videos of the children during a party, a field trip, or an interesting project. The pictures may be published in a slideshow, Facebook, newspaper, church bulletin, etc. I give Forrest Burdette Children's Outreach Ministries permission to take pictures or videos of my child.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Library

The three & four year old students will go to the library to check out books to take home for a week. If the books are lost or torn up, the parents would be responsible for replacing or paying for the book. I give permission for my child to check books out of the library.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Neighborhood Walks

When the weather permits, the staff will take the children on a walk in the immediate neighborhood. I give permission for my child to go on walks with his/her class.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Sunscreen/Diaper Rash Ointment Application

During warm weather, the children need sunscreen applied before they go outside to play. If the child has diaper rash, the staff can apply diaper rash ointment to the affected area for 3 consecutive days within a 30-day period without written permission from a licensed health care provider. The parent(s) will be responsible for providing sunscreen and/or diaper ointment for their child. I give permission for the staff to apply diaper rash ointment and/or sunscreen on my child as needed.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Other

Siblings (Please list names and ages of brothers and sisters and where they attend school)

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

My child will attend kindergarten at \_\_\_\_\_ Elementary School.

**I have read and understand the information on the enrollment, medical information, student release, and permission forms. I declare that the information provided on these forms is valid and accurate. If any information should change for my child, I will provide a written update to the Center.**

Signature \_\_\_\_\_

Parent/Guardian

Date \_\_\_\_\_

### Office Use Only

Start Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Enrollment Form     Birth Certificate     Immunization Records     Child Profile  
 Health Appraisal     Health History     Pesticide Form     Meal Form  
 Parent & Child Care Center Agreement     Handbook Agreement

Registration Fee #1	Date: _____	Amount: _____	Check #: _____
Registration Fee #2	Date: _____	Amount: _____	Check #: _____
Summer Activity Fee	Date: _____	Amount: _____	Check #: _____