

Please circle desired days:

SUMMER	M	T	W	TH	F
FALL	M	T	W	TH	F
SPRING	M	T	W	TH	F

Children's Day Out

Enrollment Form

Child's information

Child's name _____

First

Middle

Last

Name usually called

Home address _____

City _____ State _____ Zip code _____

Home phone _____ Sex _____

Birthdate _____ E-mail _____

ALLERGIES _____

Are there any special needs, concerns, illnesses, health problems or situations that might affect your child's day in CDO? _____

Parents' Information

Mother

Name _____

Address _____

Home phone _____ Cell phone _____

Place of employment _____

Work phone _____

Father

Name _____

Address _____

Home phone _____ Cell phone _____

Place of employment _____

Work phone _____

Persons Authorized to Pick Child Up

Name _____

Address _____

Home phone _____ Work phone _____

Cell phone _____

Name _____

Address _____

Home phone _____ Work phone _____

Cell phone _____

Medical Release and Photo Consent

I hereby release and agree to hold harmless McFarlin Memorial United Methodist Church and its staff from any and all liability associated with the medical care and treatment of my child by a qualified health care provider. I further authorize, in case of emergency, accident or medical crisis involving my child, McFarlin Memorial Untied Methodist Church and its staff to transport and authorize for the treatment of my child any and all care necessary, determined by an authorized/qualified health care provider in my absence while my child is under the custody, care and control of McFarlin Memorial Untied Methodist Church.

I also, give permission for the videotapes and/or photographs of my child to be used by McFarlin Memorial United Methodist Church for the purpose of identification, education or promotion in both internal/external publications.

Parent Signature _____ Date _____

Medical Information

Child's Physician _____

Physician's address _____

Physician's phone _____

Insurance company name _____

Telephone number _____

Policy number/Group number _____

Name of primary insured _____

****Attach a copy of your child's current immunization record****

Official Use

Summer Registration Fee (\$10) _____

School Year Registration Fee (\$40) _____