



Registration Form

Entrance Date _____

Program Desired: _____

Child's Name _____ Sex _____ Age _____

Date of birth _____

Home Address (Street) _____ City _____ State _____

Zip _____ Home Phone Number _____

Father's Name _____ Cell#: _____

E-mail: _____

Father's Address (if different from child's) _____ City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's Name _____ Cell#: _____

E-mail: _____

Mother's Address (if different from child's) _____ City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

In Case of Emergency if parent can not be reached please contact:

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

My child may be released to the person(s) signing this agreement or to the following:

*Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Relationship to child _____ Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Relationship to child _____ Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

Child's Physician or Clinic's Name: _____

Phone number: _____

Signature (Parent/Guardian): _____ Date: _____



Parental Agreement with Child Care Facility

1. East Cobb United Methodist Preschool agrees to provide child care for _____
Monday-Friday from 7:00am to 6:00pm. Child's Full Name
2. I agree to pay the tuition fee of \$_____ as designated by the school. **Payment will be due the 5th of every month.**
3. My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____
_____. I agree to provide the school with all necessary information pertaining to the administering of medication (date, prescription #, doctor's notes, direction, medication in original pharmaceutical container, etc.).
4. I agree to follow all requirements of the school's medical policy.
5. My child has the following special needs that may affect participation in school activities: _____
_____.
6. The following special accommodation(s) may be required to most effectively meet my child's needs while at this school: _____.
7. I understand my child will be provided with all snacks and lunch served daily during his/her hours of attendance. I also understand that no outside food is allowed unless a note is provided by a physician or parent specifying dietary restrictions or religious preferences (**excludes infants**).
8. I understand I am responsible for any special diet required by my child. If my child's diet consists of breast milk or formula taken from a bottle, I understand I will provide East Cobb United Methodist Preschool with the appropriate number of bottles containing formula/ breast milk necessary for my child each day. Each bottle will be clearly labeled with my child's full name and current date.
9. If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child. I understand that only disposable diapers are permitted in the school and that they will be changed every two hours, or as needed.
10. Should my child become ill during the time he or she is in the care of East Cobb United Methodist Preschool or suffers an accident of any nature, the school will contact me immediately and is authorized to secure such medical attention and care for my child as necessary. (The parent/guardian will assume responsibility for payment).
11. I understand that if my child is ill, including, but not limited to, a severe cough or sore throat; undetermined rash or spots; temperature over 100 degrees; severe headaches, upset stomach or diarrhea, he or she cannot be accepted into the school until well. In the event my child has a notifiable disease, a release form from a medical source may be required before my child re-enters the school. East Cobb United Methodist Preschool will notify parents if a notifiable disease has been introduced into the school and guidelines will be followed per the CDC Chart/Health Dept.
12. I understand that it is my responsibility to escort my child into and out of the school. And to sign my child in and out of the school. I understand that a staff member will escort my child into the school when being transported from school by county or East Cobb United Methodist Preschool transportation.
13. East Cobb United Methodist Preschool agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities, away from the facility, and water related activities occurring in the water that is more than two (2) feet deep.
14. I understand that it is my responsibility to keep the school advised of any changes to the information provided in this application.

I agree to abide by the policies and procedures of East Cobb United Methodist Preschool as outlined in this agreement and the Parent Handbook. I have read and understand the above statements.

Parent/Guardian Signature	____/____/____ Date
Owner/Director Signature	____/____/____ Date



Release

Emergency Authorization

In the event of an emergency, East Cobb United Methodist Preschool staff will make every effort to notify me immediately. If I cannot be reached, I hereby give permission to the physician or other health care professional selected by East Cobb United Methodist Preschool staff to hospitalize, secure proper treatment, administer medications, order injections and/or anesthesia and/or surgery for my child. I further authorize the release of any necessary medical information to appropriate medical personnel and/or the insured's health insurance company. I will pay for any medical expenses so incurred.

Photo Release

I grant permission to East Cobb United Methodist Preschool to take and use photographs of my child for use in East Cobb United Methodist Preschool related publications such as brochures and newsletters, display boards, in electronic versions of the same publications on the East Cobb United Methodist Preschool website, or other electronic forms or media, and to offer them for use or distribution in publications outside East Cobb United Methodist Preschool, electronic or otherwise, without notifying me. I understand that these photographs may be taken on campus as well as off-campus, and will not identify my child or children by name.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. I waive any right to royalties or other compensation arising from or related to the use of these images.

I hereby agree to release, defend, and hold harmless East Cobb United Methodist Preschool and East Cobb United Methodist Church and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs. I understand that once images are published and/or distributed electronically, their use or misuse by third parties is completely beyond the control of East Cobb United Methodist Preschool.

Activity Participation

As the parent (or legal guardian), I certify that my child has my express permission to participate in all activities sponsored by the East Cobb United Methodist Preschool. Parents will be informed in advance of all call events and field trips.

I have carefully read this release of liability and understand its contents. By signing this form, I certify that I have legal authority to act on behalf of the minor child identified herein. I understand that this release is a contract and my signature binds me, the minor child, all successors and assignors, and all third parties to this release of liability for any injury to the child. By signing this form, I hereby release, waive, and forever discharge my right and the child's right to file a claim, demand, or cause of action of any type against East Cobb United Methodist Preschool OR East Cobb United Methodist Church, its staff, representatives, or volunteers for any act or omission. I fully accept all risks, if any, these activities pose on behalf of the minor child. Further, I will hold East Cobb United Methodist Preschool harmless and will indemnify East Cobb United Methodist Preschool or East Cobb United Methodist Church for any cost (including litigation and/or legal fees that may result from the minor child's participation in East Cobb United Methodist Preschool events.

Child's Full Name

Parent/Guardian Printed Name

Parent/Guardian Signature

____/____/____
Date



Child Profile

This profile will help your child's teacher get to know your child better. Your input will also help with your child's adjustment to their new classroom.

Child's Full Name: _____ Date of Birth: ___/___/___

Child's living arrangements: Both Parents Mother Father Other

What is the primary language spoken in the home? _____

Family Members in the household: _____

Is this your child's first experience in childcare? Yes No

What milestone(s) has your child reached? _____

Please list any special accommodations needed to most effectively meet your child's needs while at this school:

Parent/Guardian Signature

___/___/___
Date



Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give East Cobb United Methodist Preschool permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Parent/Guardian Signature

Date



Child Allergy Profile

Child's Full Name: _____ Suite: _____

Allergy: _____

Symptoms of Allergic Reaction:

Emergency Care Plan:

Parent/Guardian Signature

___/___/___
Date

Owner/Director Signature

___/___/___
Date

What to Bring

Infant

- Prepared Bottles (include date on label)
- Pacifiers
- Baby Food and/or Cereal when age appropriate (include date on label)
- Diapers
- Wipes
- Diaper Ointment
- Extra Clothes
- Diaper Bag

Toddler

- Extra Clothes
- Blanket
- Diapers/Pull-Ups
- Wipes
- Stuffed Animal (if needed)

Preschool

- Extra Clothes
- Blanket
- Stuffed Animal (if needed)
- Water Bottle

Pre-kindergarten

- Extra Clothes
- Blanket
- Water Bottle
- Family Photo
- 6 Count Elmer's Glue Sticks
- 1 Elmer's School Glue (Liquid)
- 2 Primary Composition Notebook
- 1 Pack of Washable Markers
- Eraser
- Index Cards
- Dry Erase Markers
- Pencil Box

***Please label all items with the child's first and last name.**
***Any OTC medications or prescriptions should be brought to administration and medical form must be completed.**



Safe Sleep Practices Policy

***Only complete the next two pages for children 12 months and under.**

Child's name: _____ Date of birth: _____

Parent/Guardian name: _____

Safe Sleep Practices/Policies:

- 1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
- 3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
- 5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice:

- 7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleep.
- 8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
- 9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature _____ Date _____

INFANT FEEDING PLAN

Child's Full Name _____ Date _____ Date of Birth _____

- Does the child take a bottle? Yes [] No []
 Is the bottle warmed? Yes [] No []
 Does the child hold own bottle? Yes [] No []
 Can the child feed self? Yes [] No []
 Does the child eat: (check all that apply)
 Strained Foods [] Whole Milk []
 Baby Foods [] Table Food []
 Formula [] Other []

What type formula used, if applicable? _____
 Amount and time of formula/breast milk to be given? _____ Date _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes [] No [] If yes, when? _____

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes [] No [] Parent Initials: _____

The child has reached the following developmental skills:

- Can hold his/her head steady? Yes [] No []
 Opens mouth/leans forward in anticipation of food offered? Yes [] No []
 Closes lips around a spoon? Yes [] No []
 Transfers food from front of the tongue to the back and swallows? Yes [] No []

Instructions for the introduction of solid food _____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula) _____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN						
TIME	AMOUNT	TYPE		TIME	AMOUNT	TYPE

Any updated instructions regarding adding new foods or other dietary changes, please list as needed.

PARENT'S SIGNATURE: _____ Date: _____



Access Key Card Agreement

I, _____, agree to keep my access card safe, and if lost, will report it immediately to help insure the safety of all at East Cobb United Methodist Preschool. I understand that if my card is lost there will be a replacement fee of \$25 for the first incident, and \$50 for the second incident; I further acknowledge that East Cobb United Methodist Preschool will not issue an additional card for a third incident.