

# ADMISSION INFORMATION

Operation Name <b>CHILDREN'S DAY OUT – First UMC</b> 201 S Locust Street, Denton, TX 76201		Director's Name Kay Jennings 940/382-0074	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address, including City, State, Zip Code		<b>Email Address</b>	
Date of Admission	Date of Withdrawal	<b>Father</b>	
Parent's or Guardian's Name <b>Mother</b>		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
_____			_____
_____			_____
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
<b>CHECK ALL THAT APPLY:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> <b>TRANSPORTATION:</b> <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips			
2. <input type="checkbox"/> <b>FIELD TRIPS:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
<b>Parent's Comments:</b>			
3. <input type="checkbox"/> <b>WATER ACTIVITIES:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> <b>RECEIPT OF WRITTEN OPERATIONAL POLICIES:</b> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. <b>I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:</b> <b>AM and PM Snack – Lunch IS provided by parent. CDO is not responsible for nutritional content of parent provided snacks/lunches.</b>			
6. <b>MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:</b>			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>			
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:			
<b>Name of Physician:</b>		<b>Address:</b>	<b>Ph.#:</b>
_____		_____	_____
<b>Name of Emergency Medical Care Facility:</b>		<b>Address:</b>	<b>Ph.#:</b>
_____		_____	_____
I give consent for the facility to secure any and all necessary emergency medical care for my child.			
_____			
<b>Signature - Parent or Legal Guardian</b>			

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date

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:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1.  HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_ **Health Care Professional's Signature** \_\_\_\_\_ **Date**

2.  A signed and dated copy of a health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

\_\_\_\_\_ **Signature - Parent or Legal Guardian** \_\_\_\_\_ **Date**

**FOR FOUR YEAR OLDS and OLDER:**

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>
R			
L			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
DATE _____			

\_\_\_\_\_  
**Signature – Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

## CHILD ASSESSMENT FORM

Child Name (last, first, middle)	Enrollment Date	Date of Birth
Street Address	City	County
Zip		
Telephone Number (Including Area Code)		

### PARENTS' WORK PLACE/OCCUPATION

Mom's Occupation/Business Work Phone
Dad's Occupation/Business Work Phone

### PETS

Names and Types of Pets
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### HEALTH

Does your child have any allergies? (Circle One)	Yes	No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness? (Circle One)	Yes	No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?	Yes	No
Is your child taking any medication?	Yes	No
If so, how is the medication administered and will it need to be administered while your child is in our care?		
Is the medication prescribed for continuous use?	Yes	No
Are there any side effects we should be alerted to? If so, please describe.	Yes	No

### TOILETING

Does your child need assistance with toileting?	Yes	No
How can we best help?		
What are your ideas about toilet training?		
How can we best help?		

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## BEHAVIOR

Does your child have any particular fears?	Yes	No
How does your child communicate his/her needs?		
Are there special words your child uses that might not be readily recognized?		
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?		
When your child gets upset, what helps him/her calm down?		
What is a good way to distract your child when he/she needs to calm down?		
Are there any routines that are helpful at naptime?		
What position is most comfortable for your child when he/she is napping?		

## EATING PREFERENCES

What are your child's favorite foods?
Does your child use utensils, eat with fingers, and feed him/herself?
Does your child choke easily while eating?

## FAMILY HISTORY

Tell us about your family (i.e. child's parents, siblings, grandparents, and other extended family)
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\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## ACTIVITIES

What activities do you like to do with your child?

What activities does your child like to do when playing with other children?

What does your child like to do when playing alone?

## ADDITIONAL COMMENTS

### Purpose

These questions are designed to give us the information needed to provide the best, most appropriate care for children. The information is confidential and parents are assured it will not be shared without their written permission.

Experts in the field recommend completing an assessment form for each child to start mutual trust and respect that will develop into a strong, cooperative partnership between parents and caregivers.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**TUITION AGREEMENT  
FIRST UNITED METHODIST CHURCH  
CHILDREN'S DAY OUT  
PRESCHOOL/EXTENDED CARE PROGRAM**

\_\_\_\_\_ is enrolled in the **CHILDREN'S DAY OUT PROGRAM** for the current school year. Tuition is payable in monthly installments of \$\_\_\_\_\_, based on the schedule you have chosen for your child to attend our program. If you have an additional child in the program, this tuition rate reflects a \$10.00 discount for the second child. Discounts do not apply to more than a second child.

Payment is due **one month in advance**, on the 1<sup>st</sup> day of each month; for example, September's tuition will be due August 1<sup>st</sup>.

If you choose to cancel your child's place in class, CDO requires a **written** two-week notice filed in the CDO office for a full refund of tuition for the following month.

Beginning on the fifth day of the month, a **\$5.00 per day late fee** is to be added to the monthly tuition and must be included in your tuition payment. Beginning on the 8<sup>th</sup> day of the month, a **\$10.00 per day late fee** is to be added to the monthly tuition and must be included in your tuition payment. All late fees must be paid in full for the child to continue to be admitted to the program.

Please refer to the Payment Policies and Procedures in your Parent Handbook for additional information regarding payment of tuition and fees.

\_\_\_\_\_  
Parent Signature

Please Print Name Here \_\_\_\_\_

\_\_\_\_\_  
Date