



JFUMC CCC Registration Form

PLEASE NOTE: \$160 Registration fee is due to secure your child's spot
The weekly rate of \$160 will be auto-drafted every Monday

OFFICE: Date entered care ____ / ____ / ____

CHILD'S NAME _____ Date of Birth ____ / ____ / ____
Last First Middle

GUARDIAN #1 NAME _____ RELATION TO CHILD _____
Last First

ADDRESS _____
Street & No City State Zip

TELEPHONE _____ EMAIL ADDRESS _____
Cell Work

GUARDIAN #2 NAME _____ RELATION TO CHILD _____
Last First

ADDRESS _____
Street & No City State Zip

TELEPHONE _____ EMAIL ADDRESS _____
Cell Work

AUTHORIZED PERSONS TO PICKUP (other than above)

Name:	Address:	Cell:
Relation:		Work:
Name:	Address:	Cell:
Relation:		Work:
Name:	Address:	Cell:
Relation:		Work:
Name:	Address:	Cell:
Relation:		Work:

*swipe access cards are issued to guardian(s) upon enrollment, each additional swipe card must be purchased by a guardian for a non-refundable fee of \$10

*swipe cards only access the main entrance door from 6:30-6:00 daily.

CHILD'S MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN _____ ADDRESS _____ PHONE # _____

ALLERGIES _____ DIETARY RESTRICTIONS _____

MEDICAL CONDITIONS _____

SPECIFIC INTRUCTIONS/LIMITATIONS _____

MEDICATIONS

- No medications will be given unless prescribed by a doctor
- Please fill out and sign a "parental request for medication" form

PERMISSIONS (please circle "give" or "do not give" permission for each item)

- (Give/Do not give) In an emergency when I cannot be reached, JFUMC CCC has my permission to call an ambulance or to take my child to a physician, or hospital at my expense.
- (Give/Do not give) My child may be photographed for publicity or social media purposes.
- (Give/Do not give) I authorize JFUMC CCC to apply sunscreen on my child during the summer months for outside play.
- (Give/Do not give) I authorize my child to participate in lessons and activities involving live animals and/or insects.

PLEASE INITIAL THE FOLLOWING

_____ I have received and read the parent handbook

_____ I have received a handout about shaken baby syndrome (infants only)

_____ I have provided my child's immunization records, verifying he/she is up to date

_____ I have received the kindergarten readiness handout (4 year olds only)

_____ I acknowledge that my child may be subject to interviews by licensing staff, child maltreatment investigators and/or law enforcement

*We currently use the "Brightwheel" childcare app to log all daily activities for each child and to check them in/out for the day. Please make sure that your email address is legible because you will receive an email to sign up for the free app. Thank you for allowing us to care for your child!

SIGNATURE OF GUARDIAN _____ **DATE** _____