

**MOUNT CARMEL BAPTIST CHURCH CHILD DEVELOPMENT CENTER
ENROLLMENT FORM**

Child's Full Name _____ Nickname _____

Birthday (M/D/Y) _____ Current Age _____ Is your child toilet trained (Yes/No) _____

Time your child will arrive _____ Go home _____ Known Allergies _____

Mother _____ Father _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

E-mail Address _____ E-mail Address _____

Where Employed _____ Where Employed _____

Phone _____ Hours _____ Phone _____ Hours _____

Status of Natural Parents: _____
Married Separated Divorced

Is there a court order restraining any person(s) from requesting custody, dismissal or seeing your child? _____ Yes
_____ No If yes a copy of the court order must be kept in child's file.

Please list names of persons below who are authorized to pick up children other than parent. Child will not be permitted to leave the center with anyone else without written permission from parents. All persons authorized to pick up children from the Center should be prepared to present picture I.D. to a staff member.

Name/Phone _____ Name/Phone _____

Name/Phone _____ Name/Phone _____

Name of person, other than Director, authorized to act in an Emergency...

Name _____ Phone _____

Where employed _____ Work phone _____

Has your child been in child care previously? _____ Where? _____

Anything additional we should know about your child? _____

Type of Program you are enrolling your child in:

_____ Full time (Monday-Friday 6:30 a.m.- 6:00 p.m.)

_____ Morning Preschool (Monday- Friday 8:00a.m.- Noon)
Morning preschool only offered to toilet trained 3-4 yrs.

_____ Infant/Toddler (**please provide schedule**) _____ 2 yr. _____ 3 yr. _____ 4 yr.

CHILD'S HEALTH HISTORY CHECKLIST

		Child's Name	Birthdate	Parent/Guardian Name
Yes	No	Has your child ever been in the hospital overnight?		
Yes	No	Is your child taking any medications?		
Yes	No	Any allergies or reactions to medicine, DTP or other shots, or insects?		
Yes	No	Has your child had asthma or wheezing?		
Yes	No	Does your child have speech or hearing problems?		
Yes	No	Has your child had more than two ear infections in a year?		
Yes	No	Has your child had tonsillitis?		
Yes	No	Does your child have trouble with his/her eyes or seeing?		
Yes	No	Has your child had a bladder or kidney infection?		
Yes	No	Does he/she have burning when urination?		
Yes	No	Does he/she have seizures, fits, or shaking spells?		
Yes	No	Have you ever been told your child has a heart murmur?		
Yes	No	Is your child able to play as hard as other children?		
Yes	No	Has your child ever had a bumpy, swollen reaction to the TB skin test?		
Yes	No	Has your child ever been with anyone having TB?		
Yes	No	Has your child ever had worms?		
Yes	No	Is your child a hemophiliac (free bleeder)?		
Yes	No	Is your child on a heart monitor?		
Yes	No	Does your child have tubes in his/her ears?		
Yes	No	Does your child have any special problems not indicated above?		

If Yes, please explain _____

When did your child last see a doctor? _____

STATEMENT OF COOPERATION

I understand that the policy of Mount Carmel Baptist Church Child Development Center is to make no refunds on registration or book/supply fee. I agree to hold the school and its agents blameless because of injury or alleged injury except in the case of proven negligence. If for any reason, should legal action be taken against Mount Carmel Baptist Church Child Development Center or any employee or agent thereof on my child’s behalf, and the school or it’s agent not be found at fault, I agree to pay any attorney’s fees, court fees, damages or other costs that Mount Carmel Baptist Church or it’s agent may incur to defend itself against such action.

I have received a copy of the Policy Statement, Objectives, Schedule of Fees and a copy of the “Summary of Licensing Requirements for Child Care Centers”. I have read and agree to the terms of this contract set forth by Mount Carmel Baptist Church Child Development Center.

I understand that should any information on this registration change, it is my responsibility to have a corrected application and statement of cooperation updated, signed, and delivered to Mount Carmel Baptist Church Child Development Center.

This statement of cooperation will be in effect for as long as my child attends Mount Carmel Baptist Church Child Development Center.

Sign _____
Parent/Guardian Date

Sign _____
Parent/Guardian Date

Sign _____
Director, C.D.C. Date



OFFICE USE ONLY

Child’s Name _____

Date child enrolled _____

Date child withdrawn _____

Reason for withdrawal _____

Pre-Enrollment visit was conducted by _____ on _____.

EMERGENCY MEDICAL TREATMENT CONSENT FORM

I (the parent) hereby give Mount Carmel Baptist Church Child Development Center permission to provide first aid care for my child, _____. In the event I (the parent) cannot be reached, I (the parent) hereby authorize the Mount Carmel CDC to transport my child to the emergency room of T.C. Thompson Children’s Hospital unless another hospital is specified below. I (the parent) hereby grant my consent for the hospital and its medical staff to provide my child with any emergency medical treatment a physician deems necessary (including anesthesia). I (the parent) agree to accept financial responsibility for all medical expenses incurred.

Please list any health problem, medication, allergies and anything that we as caregivers should be aware of:

Child’s Doctor Name _____ Phone _____

Hospital _____ Address _____

Name of Insured _____

Hospital Insurance Company _____

Insurance Number _____ Plan _____

Sign _____
Parent/Guardian Date

Sign _____
Parent/Guardian Date