

PARENT'S DAY OUT MINISTRY
2008-2009 Registration Form
Peace United Methodist Church

ADMISSION DATE _____

Applicant's Name _____ Nickname _____

Birthday _____ Sex _____ Age _____

Parent or Guardian's Name _____

Address _____ Phone _____

Do we have your permission to release the above information to other class parents?

Yes _____ No _____

Brothers & Sisters (ages)

PLACE OF EMPLOYMENT

Father _____ Phone _____
Work address _____

Mother _____ Phone _____
Work address _____

MEDICAL DOCTORS

Child's Physician _____ Phone _____
Address _____

Child's Dentist _____ Phone _____
Address _____

List any information about your child you feel would be beneficial to the staff (fears, likes, dislikes, other preschool experiences, etc.) in order to make his/her Parent's Day Out experience a successful one.

***IN THE EVENT OF AN EMERGENCY AND ALL EFFORTS TO REACH THE PARENTS OR GUARDIAN ARE UNSUCCESSFUL WE NEED THE NAMES OF TWO PEOPLE WE CAN TRY TO CONTACT.**

1. Name _____
Address _____ Phone _____
Relationship to child _____

2. Name _____
Address _____ Phone _____
Relationship to child _____

Please complete either Part I or Part II (do not complete both)

PART I PERMISSION TO TRANSPORT CHILD

I give the Peace United Methodist Parent's Day Out Ministry my permission to transport my child

_____ to _____ for emergency medical care or
(child's name) (hospital/clinic)
to _____ for emergency dental care, or to the nearest
(dentist, clinic)
available source of assistance.

(Parent's Signature) (Date)

PART II REFUSAL TO GRANT PERMISSION

I DO not GIVE PERMISSION TO Peace United Methodist Parent's Day Out Ministry to transport my child
_____ for emergency medical or dental care. In the event of an illness or injury which
(child's name)
requires emergency medical or dental treatment, I wish the child care facility to take the following actions:

(Parent's Signature) (Date)

CHILD'S HEALTH RECORD

1. List all allergies and any special precautions and treatment indicated for these allergies:
(e.g. foods, medications, or environmental allergies):

2. List medications: food supplements, modified diets, or fluoride supplements currently being administered to the child:

3. List any chronic physical problems and any history of hospitalization:

4. List any diseases the child has had:

