

Childcare & Preschool Application

Please fill out all information on this application; it will be kept in strict confidence. This application must be completed in its entirety before it can be considered for acceptance. Send your completed application to Samantha Reed at cumcchildcare@richmondcumc.com.

Child's Name: _____ Name preferred: _____

Date of Birth: _____ Age: (Years, Months) _____ Gender: _____

Year child will begin kindergarten: _____

Street Address: _____

City, State, Zip: _____

Main Phone Number: _____ Other Phone Number: _____

Main Email: _____

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Home Background

At the present time, this child lives with: (Please Name) _____

Parent/Guardian's Phone: _____ Work Phone: _____

Address: _____

City, State, Zip: _____

Place of Employment: _____ Job Title: _____

Parent/Guardian's Phone: _____ Work Phone: _____

Address: _____

City, State, Zip: _____

Place of Employment: _____ Job Title: _____

Additional Family Information

Is this child adopted?: Yes No If yes, at what age & date: _____

Are there other family members living in the same home as this child?: Yes No

If yes, please list their names, relationship to child, and age:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Play Information

Does your child interact with other children on a regular basis?: Yes No

If yes, are these siblings or playmates?

Average Age?: _____

Behavioral Information

Which of the following behavioral traits would describe your child? *(Choose all that apply)*

Shy Excitable Happy Affectionate Negative

How does your child respond to new situations?

Are there any behavioral responses we should know about? *(i.e. biting, tantrums, hitting, etc)*

Additional Information

List any other information you want us to have which will better enable our staff to make this experience a rewarding one for your child.

Emergency Contact and Medical Information

Child's Name: _____ Date of Birth: _____ Gender: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone: _____ Work Phone: _____

Address: _____

City, State, Zip: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone: _____ Work Phone: _____

Address: _____

City, State, Zip: _____

Alternative Emergency Contacts or Pick-Up Authorization

Primary Emergency Contact: _____

Home Phone: _____ Work Phone: _____

2nd Emergency Contact: _____

Home Phone: _____ Work Phone: _____

3rd Emergency Contact: _____

Home Phone: _____ Work Phone: _____

4th Emergency Contact: _____

Home Phone: _____ Work Phone: _____

Medical Information

Hospital/Clinic Preference: _____

Physician's Name: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Allergies/Special Health Considerations:

I authorize all medical and surgical treatment, X-ray, Laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian's Signature: _____

Date: _____

Central United Methodist Preschool and Childcare Discipline/Guidance Policy Agreement

It is very important for a child's development that they are nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile or verbal behavior and behaviors which will hurt another child are not permitted.

In response to these behaviors, our teachers/caregivers **will not**:

- engage in threats or bribes;
- administer physical punishment, even if requested by a parent;
- deprive your child of food or other basic needs; or
- utilize humiliation or isolation.

In response to misbehavior, our teachers/caregivers **will**:

- always show respect to your child;
- establish clear rules with reasonable expectations;
- be consistent in enforcing rules;
- use positive language to explain desired behavior;
- speak calmly while bending down to your child's eye level;
- provide clear choices;
- provide redirection for your child to a new activity;
- as a final measure only, move your child to a time-out chair (for no longer than one minute per year of your child's age).

In the event your child's behavior is very disruptive or harmful to herself/himself or other children, this issue will be addressed with you privately. If the situation can be resolved, your child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Feel free to write these down on the space provided below.

Child's name: _____

Additional techniques to be used with my child:

Parent/Guardian signature: _____ Date: _____

Consent to Post Picture on Website/Facebook

I hereby grant Central United Methodist Preschool & Childcare the authorization to post pictures, on the church and/or preschool/childcare website and/or the in-house monitoring screens, which may include images of my child.

I understand that this will in no manner be used to financially enrich the church or preschool & childcare and will be used for promotional purposes only.

This authorization will only be in effect for the duration and up to 5 years in which my child is enrolled in the Central United Methodist Preschool & Childcare. I also reserve the right to withdraw this authorization at any time by providing a written request to the Preschool/Childcare.

Child's Name: _____ Date: _____

Parent/Guardian signature: _____

Schedule

Please mark your child's schedule below. The schedule helps us to know our enrollment numbers and what to charge you for when you have run out of vacation days, if you are in childcare. We understand that from time to time, schedules can change, due to substituting days or using a vacation day. This schedule does not replace the use of our quarterly calendars. Those calendars help us with scheduling staff, your 3 month commitment discount (for full time childcare only), and to know what days you plan to use as vacation days. Please see the director or childcare coordinator with any questions.

Child's Name: _____

Will attend: 2-day preschool 3-day preschool full-time childcare part-time childcare

For part-time childcare, please mark days below

Monday Tuesday Wednesday Thursday Friday

I acknowledge that I have read through and will follow the handbook and commit to my child participating on the days and in the programs marked above. If there are changes to the schedule we have committed to, we will submit them in writing to the director and/or childcare coordinator for approval.

Parent/Guardian signature: _____ Date: _____

Registration for MomentPath

MomentPath is an app available for review on a daily basis. This can help inform families of their child's sign-in and sign-out times, daily meal times, nap times, activities, needs, alerts and announcements, medical and incident reports, etc. We also use MomentPath for easy to use billing and payment services.

Child's Name: _____

Main Phone Number: _____ Other Phone Number: _____

Main Email: _____

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

More users can be registered if needed

4 digit pin code for check-in/check-out: _____