

# 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 Kathy George at [cumcchildcare@richmondcumc.com](mailto: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:** \_\_\_\_\_

Main Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**2nd Emergency Contact:** \_\_\_\_\_

Main Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**3rd Emergency Contact:** \_\_\_\_\_

Main Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**4th Emergency Contact:** \_\_\_\_\_

Main 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 Childcare & Preschool the authorization to post pictures of my child which may include the church website, in the building, on Facebook, and on Momentpath. I understand that this will be used for promotional purposes only and that Momentpath will only be for family and staff usage. Without my consent, I understand that my family will not be able to utilize Momentpath for daily care notices about my child. 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 Childcare & Preschool. I also reserve the right to withdraw this authorization at any time by providing a written request to the Childcare/Preschool.

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, and your full time discount. Please see the early childhood center 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 Early Childhood Center 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: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Number: \_\_\_\_\_

*More users can be registered if needed*

4 digit pin code for check-in/check-out: \_\_\_\_\_