

# Red Bridge United Methodist Church Early Childhood Center 2010-2011 Registration

Child's Name \_\_\_\_\_ Parents Names \_\_\_\_\_  
 Address, City, State, and Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birthday \_\_\_\_\_  
 Email Address \_\_\_\_\_ Church Home \_\_\_\_\_  
 Siblings in ECC Fall 2010? List names and ages \_\_\_\_\_  
 Special needs or medical concerns? If yes, please explain on back. \_\_\_\_\_

**CHECK ALL THAT APPLY:**

Two Years Old: *Children must be 2 by September 1, 2010.*

Monday and Wednesday \_\_\_\_\_  
 Tuesday and Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_

Two/ Thirds Class: *Children who are older twos and younger threes. These children do not have to be potty trained before school starts.*

Tuesday and Thursday \_\_\_\_\_

Three Years Old: *Children must be 3 by September 1, 2010. These children must be potty trained by Sept 1.*

Monday and Wednesday \_\_\_\_\_  
 Tuesday and Thursday \_\_\_\_\_  
 Monday Explorers- (This class is offered in addition to the T/H class) \_\_\_\_\_  
 Friday Explorers- (This class is offered in addition to the M/W or T/H class) \_\_\_\_\_

Four Years Old/ Pre-Kindergarten Class: *Children must be 4 by September 1, 2010.*

Monday, Wednesday, and Friday \_\_\_\_\_  
 Tuesday, Thursday, and Friday \_\_\_\_\_  
 Tuesday Explorers (This class is offered in addition to the M/W/F class) \_\_\_\_\_  
 Thursday Explorers (This class is offered in addition to the M/W/F class) \_\_\_\_\_

High 5's Class: *Recommended for children who are 5 before September 1, 2010.*

Monday, Wednesday, and Friday \_\_\_\_\_  
 Tuesday Explorers (This class is offered in addition to the M/W/F class) \_\_\_\_\_  
 Thursday Explorers (This class is offered in addition to the M/W/F class) \_\_\_\_\_

*Please initial and sign below:*

\_\_\_\_\_ I have fully disclosed any special needs or developmental delays my child may have. For proper placement and care, this information is needed at the time of enrollment. The Early Childhood Center has the right to refuse registration if proper care and educational needs cannot be provided for the child.

\_\_\_\_\_ I understand that classes may be cancelled if the minimum requirement is not met. If a class must be cancelled due to low enrollment, we will contact you by August 1, 2010.

\_\_\_\_\_ I understand I must pay one month's tuition each month by the 10<sup>th</sup> of the month or a \$15.00 late fee will be charged.

\_\_\_\_\_ I understand that I am required to give the office a 30 day written notice if I am going to withdraw my child from the program for any reason. I understand that I am responsible for that month's tuition.

\_\_\_\_\_ I understand that I must provide a signed Medical Examination Report for my child that includes his/her shot record. This must be on file in the office before the first day of school.

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

**For Office Use**

Family Door Code \_\_\_\_\_  
 Date Enrolled \_\_\_\_\_  
 Amount Paid at Registration \_\_\_\_\_  
 Check Number \_\_\_\_\_

# Student's Confidential Information 2010-2011

*Red Bridge United Methodist Church Early Childhood Center*

Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Siblings and ages \_\_\_\_\_

Previous schooling \_\_\_\_\_ Elementary school child will attend \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address and phone (if different) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employed by and phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address and phone (if different) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employed by and phone \_\_\_\_\_

## Profile of your child

Is your child: Shy? \_\_\_\_\_ Overactive? \_\_\_\_\_ Toilet trained? \_\_\_\_\_

Does your child: Nap daily? \_\_\_\_\_ Suck his/her thumb? \_\_\_\_\_ Take a pacifier? \_\_\_\_\_

Play well with others? \_\_\_\_\_ Have a dependence on an object? \_\_\_\_\_

Specific Fears? \_\_\_\_\_ Usual bedtime \_\_\_\_\_ Rising time \_\_\_\_\_

Since your child's disposition often depends on his/her home atmosphere, it is extremely helpful for us to know if your child experiences a transitory period such as divorce or death (including a pet), separation from a parent, relative or friend, illness in the family, birth of sibling, or any other information you feel would be relevant. This gives us the opportunity to provide special attention your child may need during challenging times. All information will remain confidential.

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## Emergency Contacts

Those who have permission to care for my child (*other than parents or doctor*).

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime phone \_\_\_\_\_

# Authorization for Emergency Medical Care

for \_\_\_\_\_ (child's name)

*I understand I will be notified immediately in case of accident or injury to my child. If my child requires emergency medical care, the physician and preferred hospital to be used are:*

Doctor/Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

My insurance company is: \_\_\_\_\_

Insurance Policy Numbers \_\_\_\_\_

*I also understand that I assume all financial responsibility for injuries sustained by my child while in the care of Red Bridge United Methodist Church Early Childhood Center.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Medical Information

This is a non-complete list of the possible developmental delays or medical issues. We will use this information to help us properly place your child in a classroom. Please check any and all that apply to your child.

Hearing impaired \_\_\_\_\_ Inner ear problems \_\_\_\_\_ Speech delays \_\_\_\_\_  
Language delays \_\_\_\_\_ Overactive \_\_\_\_\_ Physical delays \_\_\_\_\_  
Hypersensitive \_\_\_\_\_ Diabetes \_\_\_\_\_ Autism \_\_\_\_\_  
Medical bowel problems \_\_\_\_\_ Asthma \_\_\_\_\_ Vision Problems \_\_\_\_\_  
Diagnosed ADD/ADHD \_\_\_\_\_ Skin disease \_\_\_\_\_ History of biting \_\_\_\_\_  
English as second language \_\_\_\_\_ Language spoken at home if other than English \_\_\_\_\_  
Medicine allergies \_\_\_\_\_  
Food allergies (list) \_\_\_\_\_  
Other allergies (list) \_\_\_\_\_  
Other concerns \_\_\_\_\_  
Please explain any positive answer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Red Bridge United Methodist Church Early Childhood Center promotes the development of each child's God given potential for spiritual, physical, intellectual, emotional and social growth. We strive to develop each child's capabilities and self-esteem in a caring and supportive environment, with respect for the child's dignity and individuality. We also strive to offer new experiences and to stimulate creativity and curiosity in an active learning, age appropriate environment. We believe children learn by doing.

Red Bridge United Methodist Church Early Childhood Center does not offer any special services such as therapy, counseling or medical treatment. A staff member will not give medicine to your child. The only exception is for asthmatic children or children experiencing an allergic reaction and in need of an Epipen. Parents of such children must furnish inhalers, Epipen and a medical authorization form signed by the child's physician.

I have read and understand the above statement and agree that Red Bridge Early Childhood Center may be in communication and ultimately dismiss a child if the Red Bridge Early Childhood Center program cannot meet his/ her needs.

*I have read all of the above information and agree with the terms stated.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Authorization for Carpool Pick-up**  
for \_\_\_\_\_ (child's name)

The following names are people who may pick up my child other than myself (parents) with verbal permission given to the teacher or director or permission written on the sign-in sheet:

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Name, Phone and Relationship to child:

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Name, Phone and Relationship to child:

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Name, Phone and Relationship to child:

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Name, Phone and Relationship to child:

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The following names are people that **do not** have my permission to pick up my child that might try:

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Name, Relationship to child, and description

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(NOTE: WE ARE NOT ALLOWED TO KEEP A PARENT FROM PICKING UP THEIR CHILD WITHOUT A COURT ORDER.)

**Picture Release**

I hereby do \_\_\_\_\_ do not \_\_\_\_\_ give consent to let my child be photographed for use by the Red Bridge United Methodist Church Early Childhood Center. The photographs may be used in the classroom, in the hallways, or in our spring slideshow.

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Parent/Guardian Signature

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Date

## **Health Agreement**

*Red Bridge United Methodist Church Early Childhood Center*

*I/We, \_\_\_\_\_, parents of \_\_\_\_\_, understand and agree that my child will not be accepted for preschool when ill. The following symptoms require parental contact and the sending home of a child:*

1. More than one abnormally loose stool
2. Red or blue in the face or makes high-pitched croup or whooping sounds after coughing
3. Difficult or rapid breathing
4. Yellowish skin or eyes
5. Tears, redness of eyelid lining or irritation, followed by swelling or discharge or puss (*signs of pink eye*)
6. Unusual spots or rashes
7. Sore throat or swallowing difficulty
8. An infected skin patch: crusty, bright yellow, dry or gummy areas of the skin
9. Unusually dark, tea-colored urine
10. Gray or white stool
11. Fever over 99 degrees Fahrenheit
12. Headaches and stiff neck
13. Vomits
14. Contagious period of a disease
15. Severe itching of the body or scalp or scratching of the scalp which may be symptoms of lice or scabies.

***Please keep your child home if they have any of the above symptoms OR have had a fever, vomited or had diarrhea within 24 hours of a school day.***

***Please notify the ECC office if your child is not feeling well and will not be attending preschool that day.***

***Be sure you or your emergency contact can be reached on days that your child attends ECC.***

*Signed: \_\_\_\_\_ Date: \_\_\_\_\_*