

Date: _____

Monday ___ Wednesday ___

Supply Fee: _____

Immunization Record: _____

Class: _____

Children's Day Out—Registration First United Methodist Church

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

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Father's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Persons to contact, if you cannot be reached:

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Physician: _____ Phone: _____

Hospital: _____ Phone: _____

Persons whom will be allowed to pick up your child other than the parents: _____

Special Naptime Item: _____

Siblings: Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Do you and your family Actively Attend a Church: _____

Anything you would like to share about your child: _____

CDO Photograph Consent

I, _____, the parent/legal guardian of _____, consent to allowing my child's picture to be used by Children's Day Out and/or First United Methodist Church in any manner consistent with promoting the CDO program. This may include newsletters, Church bulletin, or the CDO website.

Signature _____ Date _____

Medical Information

Child's Name: _____

Please list if any:
Operations or serious injuries (dates): _____

Chronic or recurring illness or medical conditions: _____

Dietary Restictions: _____

Current Medications: _____

Other diseases: _____

Name of Physician: _____

Address of Physician: _____ Phone: _____

Health History: (check all that apply)

Allergies

Diseases

___ Frequent ear infections

___ Hay Fever

___ Chicken Pox

___ Hearing defect/disease

___ Ivy Poisoning, etc.

___ Measles

___ Convulsions

___ Insect Stings

___ German Measles

___ Diabetes

___ Penicillin

___ Mumps

___ Bleeding/Clotting disorder

___ Other drugs

___ Hypertension

___ Asthma

___ Mononucleosis

___ Other: _____

Medical Release and Hold Harmless Agreement

I (we), the parent(s), legal guardian(s), or custodian(s) of the child named above, knowingly release, absolve, INDEMNIFY, AND HOLD HARMLESS the First United Methodist Church of Big Spring, Texas, as well as its' employees, officers, directors, agents, representatives, affiliates, successors, and assigns, from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), which in any way relate to or arise from the child's activities at or sponsored by First United Methodist Church of Big Spring, Texas.

In the Event the child named above is injured while in the care of First United Methodist Church and requires(s) the attention of a doctor, I (we) consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital employee refuse to administer without our consent, I (we) hereby authorize the Director of Children's Day Out, and/or representatives of First United Methodist Church of Big Spring to give consent for us if we cannot be reached by telephone at one of the numbers listed above, or if because of an emergency, there is not time or opportunity to make a telephone call. In the event that it becomes necessary for one of these persons to give consent for us, we agree to hold such person, as well as First United Methodist Church of Big Spring, free and harmless and agree to INDEMNIFY such person, as well as First Methodist Church of Big Spring, from any claims, demands, or suits for damages (INCLUDING CLAIMS OF NEGLIGENCE) arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

Parent/Guardian signature: _____ Date: ____/____/____