

First United Methodist Church Children's Day Out
501 W. Main
Ardmore, OK 73401
580-223-5390

For Office use only:
Enrollment year: 2018-2019
Date received: _____
Class _____
Enrollment # _____
Handbook signed _____
Allergy Alert _____
Enrollment Fee _____ Ck# _____

Current FUMC Ardmore Members? Yes No
If no, where is your current church home?

Child's Information
Child's Name: _____
Last First Middle
Date of Birth: _____ Gender: M F
Address: _____
House Number & Street City, State, Zip
Mailing Address (if different) _____
House Number & Street City, State, Zip

Mother's Information
Mother's Name: _____
Last First Middle
Address (if different): _____
House Number & Street City, State, Zip
Email address: _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
Job Title: _____
Emergency Contact: Yes No **Legally** allowed to pick up child: Yes No
Phone # where child's Mom can be reached while at CDO: _____

Father's Information
Father's Name: _____
Last First Middle
Address (if different): _____
House Number & Street City, State, Zip
Email address: _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
Job Title: _____
Emergency Contact: Yes No **Legally** allowed to pick up child: Yes No
Phone # where child's Dad can be reached while at CDO: _____

Family & Social Information
Sibling names & Ages: _____
Has your child had group play experiences? _____
Does your child have any special fears you are aware of? _____
Other information to note? _____

Emergency Contacts (Other than parents)

Contact Name: _____ Relation: _____

Home #: _____ Business #: _____ Cell #: _____

Contact Name: _____ Relation: _____

Home #: _____ Business #: _____ Cell #: _____

Contact Name: _____ Relation: _____

Home #: _____ Business #: _____ Cell #: _____

Pickup Information (People Authorized to pickup children from CDO)

Name: _____ Phone: _____

Notes: _____

Name: _____ Phone: _____

Notes: _____

Name: _____ Phone: _____

Notes: _____

Name: _____ Phone: _____

Notes: _____

OneCall Now notification service

Do you want to receive notifications from CDO regarding weather related school closures, tuition reminders, enrollment information, important dates, etc.? yes no

Name	Email	cell
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Name	Email	cell
------	-------	------

Name	Email	cell
------	-------	------

Name	Email	cell
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Permission to photograph

Please check one:

_____ I _____, the parent/guardian of _____
 give permission to FUMC CDO to photograph my child for the use of promotions, presentations
 and advertising. Your child's name will never be connected to any photograph.

_____ I _____, the parent/guardian of _____
 DO NOT give permission to FUMC CDO to photograph my child.

Signature _____ Date _____

EMERGENCY RECORD

Child's Name _____

Mother's Name _____

Phone # where child's Mom can be reached while at CDO: _____

Father's Name _____

Phone # where child's Dad can be reached while at CDO: _____

Other Emergency Contact Name _____

Phone # where alternate contact can be reached while at CDO: _____

Does your child have any allergies? If yes, please describe.

Does your child have any special needs? If yes, please describe.

Does your child have other health conditions? If yes, please describe.

Other information to note?

Physician's Name: _____ Phone: _____

Emergency Medical Treatment

I _____ the parent or legal guardian of _____
give permission to the FUMC CDO Director or person in charge to take the steps necessary
to obtain emergency medical care if warranted. These steps may include, but are not
limited to:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact parent through the emergency contacts provided.
4. If contact cannot be made to the parent or child's physician, we will:
 - a. Call another physician or paramedic.
 - b. Have the child taken to the emergency room of the local hospital in the company of a staff member.
 - c. Call an ambulance.

Any expense incurred under item number 4 will be the child's family responsibility. FUMC CDO will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent/Legal Guardian Signature _____ Date _____

**Ardmore First United Methodist Church
Children's Day Out**

I, _____,
the parent/guardian of _____,
have received and read the 2018-2019 Ardmore First United Methodist Church's Children's Day
Out Handbook including all policies and procedures. I agree to abide by all policies and pay all
fees while in the program.

Signature of Parent/Guardian

Date