

**SUNCREEK CHILDREN'S DEVELOPMENT CENTER
ADMISSION FORM
SCHOOL YEAR 2010 - 2011**

Class Room: _____
 Start Date: _____
 Withdrawal Date: _____
 Hours and Days in care: _____
 (Office Use Only)

ADMISSION INFORMATION

Child's Name			
	(Last)	(First)	(Middle)
Address			
	(Street)	(City/State)	(Zip)
Age of Child			Sex
Birth Date		Home Phone	
	(MO) (DAY) (YEAR)	Cell Phone	
		Email	
Father's Name	Place of Employment	Business Phone	
Father's Drivers License #			
Mother's Name	Place of Employment	Business Phone	
Mother's Drivers License #			
In case of an emergency if parents/guardian cannot be reached, please call:	Name	Address	
	Telephone #	Relationship	

CHECK ALL THAT APPLY:

Water Activities I hereby: give do not give my consent for my child to participate in water activities.
 sprinkler play splashing/wading pools water table play

Suncreek United Methodist Church Member? YES NO

Other church home? _____

Sibling of SCDC graduate? _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 month, and medication prescribe for long-term continuous use, and any other information that staff should know:

Siblings		
Name	Birthday	School
Name	Birthday	School
Name	Birthday	School
Name	Birthday	School

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone #:
Name of Hospital:	Address:	Phone #
I give consent for this facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

**PLEASE READ THE FOLLOWING STATEMENTS AND CIRCLE APPROPRIATE RESPONSE.
PARENT OR LEGAL GUARDIAN SIGNATURE IS REQUIRED FOR COMPLETION.**

- YES NO In the event of an emergency, I authorize the staff of SCDC to provide any first aid care deemed necessary for my child.
- YES NO I understand that my child will not be released from the program to anyone except his/her parents and those specifically named below, unless the Director is notified in writing.
- YES NO I give my permission for my child's likeness to be used in presentations, articles on education or the monthly newsletter.

Signature of Parent or Guardian

Date

I hereby authorize SCDC to allow my child to leave our facility **ONLY** with the following persons:

NAME

ADDRESS

PHONE

RELATIONSHIP

DRIVER'S LICENSE #

NAME

ADDRESS

PHONE

RELATIONSHIP

DRIVER'S LICENSE #

NAME

ADDRESS

PHONE

RELATIONSHIP

DRIVER'S LICENSE #

NAME

ADDRESS

PHONE

RELATIONSHIP

DRIVER'S LICENSE #

*****REGISTRATION FEES ARE NON-REFUNDABLE*****

*****FOR OFFICE USE ONLY*****

Registration Check #:	Amount: \$	Date:
Supply Fee Check #:	Amount: \$	Date: