

# Dripping Springs United Methodist Church Children's Weekday Ministries

2012-2013 Registration Form

**Please Complete:**

Operation Name: <u>DSUMC Children's Weekday Ministries</u> Director: <u>Jody Strauss</u> Admin. Assistant: <u>Liz Smith</u>	
Child's Full Name _____	Date of Birth _____
Name Child goes by _____	Male _____ Female _____
Child lives with: Mom _____ Dad _____ Both Parents _____ Guardian _____ Other (specify) _____	
Child's Mailing Address _____	City _____ Zip Code _____
Child's Physical Address _____	City _____ Zip Code _____
Home Phone Number _____	E-Mail #1: _____ E-Mail #2: _____
Father's Name: _____	Mother's Name: _____
Father's Work Number: _____	Mother's Work Number: _____
Father's Cell Phone: _____	Mother's Cell Phone: _____
My child may leave the program with their Father: _____ <b>Initial</b>	My child may leave the program with their Mother: _____ <b>Initial</b>

**Release Information: I authorize the staff to allow my child to leave the facility with the following people.**

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

**Emergency Contacts: These people are authorized to pick up your child AND supervise medical treatment, if parents/guardians cannot be reached.**

1. Name _____	Home Phone _____	Cell Phone _____
2. Name _____	Home Phone _____	Cell Phone _____
3. Name _____	Home Phone _____	Cell Phone _____

**Restricted Persons: The following people are to have NO contact with my child.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

I understand that my child is registering for the following DAYS during the school year (check one)

Monday – Friday \_\_\_\_\_ M/W/F \_\_\_\_\_ M/W \_\_\_\_\_ T/Th \_\_\_\_\_

Preschool Only (8:30–2:30) \_\_\_\_\_ Before School Care (7:00–8:30 am) \_\_\_\_\_ After School Care (2:30–6:00 pm) \_\_\_\_\_

I have received understand that my child's tuition is based on an annual amount and can be paid in full, by semester or in 10 equal payments during the school year months, August – May. There is no prorated amount.

**Initial** \_\_\_\_\_ I have received a copy of the DSUMC – CWM handbook, which explains the operating policies, annual tuition amounts and procedures for discipline and guidance.

**Initial** \_\_\_\_\_ I acknowledge that I have read the entire health and allergy section of the handbook. I will not bring my child to CWM if I suspect (s)he is sick; I will pick up my child(ren) promptly if my child becomes sick while at school.

### Office Use Only

Received by _____	Child's Name (last, first) _____
Date Paperwork Received _____	Today's Date _____
Date Registration Paid _____	Cash _____ Check # _____ Tuition Amount _____
Class Age _____ Days Enrolled _____	Teacher _____ Before School _____ After School _____
Shot Record _____	Dr.'s Statement _____ Background Info _____ Parent Handbook _____
<b>Date Child Started</b> _____	<b>Date of Withdrawn or Graduated</b> _____

**Health Admission Requirement**

**One of the following must be presented when your child is admitted to the CWM school or within one week of admission. Please check one to indicate the option you select.**

\_\_\_\_\_ This must be filled out by the child’s primary physician.

DOCTOR’S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the school program.

**Physician’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ A form or written statement from a health service, doctor’s office, or clinic; this must be dated.

\_\_\_\_\_ A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment is indicated.

\_\_\_\_\_ Medical Diagnosis conflicts with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and notarized affidavit stating this. You **MUST** have this notarized.

\_\_\_\_\_ PARENT’S STATEMENT: My child has been examined within the past year by a licensed physician and is able to participate in the school program. Within 12 months of admission, I will obtain a doctor’s statement and will submit it to CWM.

\_\_\_\_\_ My child’s immunization records, tuberculosis test results, and vision and hearing screenings are current and on file at the **elementary school** he/she attends, which is listed on the previous page.

\_\_\_\_\_ My child has an appointment for a physical examination on \_\_\_\_\_. I will submit the statement from a physician or health care professional to the CWM facility following the examination within one week of that date.

Date: \_\_\_\_\_ Name and Address of health care professional: \_\_\_\_\_

**Health Requirements/Immunizations**

A copy of the vaccine record from the physician’s office may be attached, but must be updated as vaccines are updated.

Age→	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetnus, Pertusis											
Haemophilus, Influenze type B											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meninhococcal											
TB Test results	Neg ( )		Pos( )		Date: _____						

Varicella vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement. My child had varicella disease on or about (date) \_\_\_\_\_ and does not need the vaccine. A copy of the Doctor’s office record may be copied and kept on file.

**Initial** \_\_\_\_\_ Immunizations conflicts with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and notarized affidavit stating this. I understand this affidavit is valid for 2 years and I am responsible for updating this information.

**Authorization for Emergency Medical Attention**

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

**Dr.** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medical Care Facility Preference, if needed** \_\_\_\_\_

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

For 4 year olds only:

<b>Vision</b>	R: 20/ ____	L: 20/ ____	<input type="checkbox"/> Pass / <input type="checkbox"/> Fail	
<b>Physician's Signature:</b> _____			<b>Date:</b> _____	
<b>Hearing</b>	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> Pass / <input type="checkbox"/> Fail
Right				
Left				
<b>Physician's Signature:</b> _____			<b>Date:</b> _____	

**Medical Information**

My child has the following **food allergies** \_\_\_\_\_

List any **special problems** that your child may have, such as allergic reactions, allergies, existing illnesses, previous serious illnesses, serious injuries or hospitalizations during the past 12 months, any prescription medication taken on a continuous basis, or any other information the staff and caregivers should be aware of. \_\_\_\_\_

**Initial** \_\_\_\_\_ I give the Director and staff at CWM of DSUMC permission through my telephone authorization to give my child Tylenol, Tums and/or Benadryl as needed.

Child daycare operations are public accommodations under the American's with Disabilities Act (ADA,) Title III. If you believe that a such operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 414-0301 (voice) or (800) 514-0383 (TTY.)

**Permissions, please check one:**

**Transportation**

I hereby give \_\_\_ do not give \_\_\_ my consent for my child to be transported and supervised by the facilities and staff to and from field trips from CWM, to and from elementary schools as arranged prior,

I hereby give \_\_\_ do not give \_\_\_ my consent for my child to be transported and supervised by the facilities, staff of CWM, and emergency personnel for emergency needs.

**Water Activities**

I hereby give \_\_\_ do not give \_\_\_ my consent for my child to participate in supervised water activities such as water tables, wading pools, inflatable houses with water, and sprinklers.

**Information**

I hereby give \_\_\_ do not give \_\_\_ my permission for my child's information to be in the student directory, which is distributed only to CWM students and church staff.

**Photo Release**

I hereby give \_\_\_ do not give \_\_\_ my permission for my child's photo to be taken and used for the following: CWM Primer, bulletin boards, class projects, advertising on the DSUMC website, advertising brochures and posters on and off campus and the church and student directory with the understanding that these will not include my child's name.

I hereby give \_\_\_ do not give \_\_\_ my permission for photos of my child to be put on a CD to be given out as an end-of year gift to all parents with pictures of the year, with the understanding that all parents will only use these for their children's memory records.

**Accuracy of Information**

I have listed everything above to the best of my ability. Any changes made to this enrollment form must be made in writing by the parent or legal guardian of this child in the presence of the CWM Director or Assistant Director.

Parents are responsible for promptly updating this information upon any changes.

By signing this you are stating that you understand and are liable to pay the full tuition for the months that you have stated your child will attend CWM. We require written notice of 30 days to withdraw from CWM. You will be responsible for the tuition during the 30 days. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DSUMC Children's Weekday Ministries Security Form

Please answer at least 3 of the 5 following questions. This will be kept in your child's file and used to verify your identification for changes made to your child's pick up arrangements or other changes, as needed, by telephone only. If you come in person, this will not be needed.

1. What was the first street your child lived on?

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2. What was the name of the high school the child's mother attended?

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3. What county was your child born in?

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*All of the above information is true and correct to the best of my knowledge. I understand I am responsible for updating this information.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Authorized Payment Designee Contract

I, \_\_\_\_\_, understand that I will be responsible for the monthly tuition due to DSUMC Children's Weekday Ministries for \_\_\_\_\_ (child's name) for the 10 months of the school year August – May. These are all equal payments and are due while the above child is enrolled in the CWM program. Written changes to this require 30 days notice and must be signed by the designee, the child's parents, and the Director.

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Parent(s)' Signature

Date

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Designee's Signature

Date

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Director's Signature

Date

# Children's Background Information Sheet

Date filled out \_\_\_\_\_

Child's full name \_\_\_\_\_ Name they go by \_\_\_\_\_

Gender \_\_\_\_\_ Birth date \_\_\_\_\_ Place of birth \_\_\_\_\_ Nationality \_\_\_\_\_

Name of Mother/Guardian \_\_\_\_\_ Age \_\_\_\_\_

What does child call mother? \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_ Age \_\_\_\_\_

What does child call father? \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone \_\_\_\_\_

Marital Status of parent's \_\_\_\_\_ Email address \_\_\_\_\_

Custody-visiting arrangements, if any \_\_\_\_\_

Is child adopted? YES / NO Age at adoption: \_\_\_\_\_ Is child aware of adoption? \_\_\_\_\_

List siblings and their ages: \_\_\_\_\_

If there other member's of the household, please list name, age and relationship: \_\_\_\_\_

Church name \_\_\_\_\_ Active member \_\_\_ Inactive member \_\_\_

What languages are spoken in your home? \_\_\_\_\_

Does your child have any pets? (Please indicate type and names) \_\_\_\_\_

What foods does your child like? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Does your child eat independently or with assistance? \_\_\_\_\_

Are there any food or drinks your child should not have? \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Describe assistance needed and words used: \_\_\_\_\_

Does your child nap? \_\_\_\_\_ When? \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ In groups? \_\_\_\_\_

Are there neighborhood playmates? \_\_\_\_\_ Has your child had group play experience?

If so, with what age children does your child usually play? \_\_\_\_\_

Has your child gone to preschool/daycare or been cared for by someone besides the family? \_\_\_\_\_

If so, please describe previous experiences \_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

What are your child's least favorite activities? \_\_\_\_\_

What are your child's favorite toy/types of toys? \_\_\_\_\_

What is your child's favorite book? \_\_\_\_\_

What is your child's favorite color? \_\_\_\_\_

Does your child accept correction easily? \_\_\_\_\_

What method of behavior control is used in your home? \_\_\_\_\_

Are there any special medical, physical or emotional needs that CWM or staff should be aware of? \_\_\_\_\_

Does your child have any problems with vision or hearing? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Does your child have any health problems that we should be aware of? \_\_\_\_\_

Please explain: \_\_\_\_\_

Do you have any concerns about any aspect of your child's development? \_\_\_\_\_

Do you feel your child's speech is clear? \_\_\_\_\_

Can strangers understand when he/she speaks? \_\_\_\_\_

Is any language other than English used in the home? If so, please describe \_\_\_\_\_

Please circle items below that describe your child.....

- |               |             |           |              |
|---------------|-------------|-----------|--------------|
| Happy         | Aggressive  | Friendly  | Moody        |
| Clumsy        | Dependent   | Stubborn  | Impulsive    |
| Fearful       | Quiet       | Attentive | Good-Natured |
| Even-Tempered | Sympathetic | Shy       | Sleepy       |
| Active        | Independent | Out-going | Nervous      |

Other \_\_\_\_\_

What do you hope will be included in your child's experience here? \_\_\_\_\_

# Parent Contract

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

Parent's Name (s) \_\_\_\_\_

## Dates

We are open all days DSISD is open. On days such as holiday and DSISD closures, we will post if we will have the option to be open, for example bad weather days, or if we will definitely be closed, for example, Good Friday. These "Extra Care" availability will be e-mailed 2 weeks prior to holiday dates and will cost of \$30 per day.

## Hours of Operation

We are open for the school day from 8:30-2:30. If your child is here earlier or later, they fall into a different tuition bracket. There is a drop-in option for before and after school hours, but there is an added fee and advance notice is required. Without this notice, you will incur a \$1 per minute late fee. The latest pick up time is 6:00.

## Tuition and Fees

Tuition is due on the 1<sup>st</sup> class day of the month. Tuition is calculated by a 10 month calculation and is required for all months. Withdrawn students are required to give CWM 30 days notice. Tuition is due for holding your child's spot in their class and is, therefore, required even if your child is sick or absent.

After the 5<sup>th</sup> of each month, the tuition is considered late, services are suspended, and a \$25 late fee is added to each delinquent child's tuition. There is no sibling discount for a late check fee.

A \$25 returned check fee is added for each returned check.

There is a non-refundable registration fee of \$100. There is a refundable supply fee of \$80. These fees are for all students and are required annually upon registering your child in CWM. Registration is not automatic.

Field trips are at an added cost, but some are included in tuition. You will receive advance written notice from your child's teacher about any trips we may take or any money due.

## Notices

If another person will be picking up your child, advance notice is required. Please call the CWM office at 512-858-7541 to contact someone. A photo id will be required.

If you will be out of town or your child is sick, please call or email to notify CWM. This helps the teachers get started with their day.

Food

Your child will receive a snack at 9:15 provided by CWM. You will need to provide a lunch for your child. This lunch should not require any additional preparation such as heating or cooling, other than what you provide in a thermos or with ice packs. Please make sure it is something your child has successfully eaten before, as we do not want to discover any new allergies. For younger children, please cut up choking hazard foods, such as grapes or hot dogs. If your child is here for extended hours, they will receive another snack around 3:00.

Supplies provided by the parent

The parent is responsible for bring an appropriate bag for the child. Please note that this should not be the bag you use on a day-to-day basis. This bag should include enough diapers for the day, enough wipes for the day, a spare change of clothes (if they are not already stored here) including shoes and socks, whatever security item might be needed, and whatever is needed for class that day. This bag should only have what is needed for school and nothing else. For example, please do not send diaper cream or Tylenol unless your child needs it and it has been checked in with the front desk. It cannot be in reach of children and we must have written documentation that it is here and that you have approved the use of it for your child.

Sick Child Policy

If your child has signs of a communicable disease such as cold, flu, etc. keep them at home so that they may recover faster and they do not get other children sick.

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Parent(s)' Signature

Date

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Director's Signature

Date