

Summer Admission Information

First United Methodist Church

REGISTRATION INFORMATION-All areas must be completed.

Child's Full Name _____ Date of Birth _____ Sex _____

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Home Address _____ Home # _____

Father's Name _____ Cell # _____ work # _____

Mother's Name _____ Cell # _____ work # _____

PERSONS TO CONTACT IN CASE OF EMERGENCY (other than parents)-

1. Name _____ Phone _____

2. Name _____ Phone _____

RELEASE OF CHILD

In addition to the parents listed above, I authorize Friends in Christ to allow my child to leave this facility with the following people only:

Name _____ Phone # _____

Name _____ Phone # _____

List anything we should know about your child (Medical, Allergies, etc.)***see Allergy policy on the next page***

My child _____ has this known allergy: _____

My child _____ has this known allergy: _____

My child _____ has this known allergy: _____

My child _____ has this known allergy: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

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

Name of Physician:	Address:	Ph. #:
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Name of Emergency Medical Care Facility:	Address:	Ph. #:
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I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature-Parent or Legal Guardian

Allergy Policy

In order to ensure the safety of children with a life-threatening allergy the following steps will be followed:

- * The child's name and allergy will be posted in the room for all the caregivers to see.
- * We will notify the child's class that we have a child with a known food allergy.
- * At lunch the child will not be placed next to any child that has a hazardous food.
- * The child will only be allowed to eat food that is brought from home (unless in the presence of their parent). This includes lunches, snacks, and special party treats. The teacher will make every effort to inform parents of those special days ahead of time, so that arrangements can be made.
- * The parent will be given a supply of disposable bracelets to be placed on the child daily; this will alert *all* caregivers to the allergy, preventing food to be given to the child.
- * No crafts will be done with allergens (suitable substitutes will be found)
- * A Food Allergy Emergency Plan form will need to be completed by your health care professional and returned to FIC within the first week of attendance.

This policy is to safe guard those children with life threatening allergies. If you want your child to participate please sign and return the form.

I, _____, the parent of _____, which has a serious _____ allergy would like to safe guard my child by following the procedures listed above.

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I, _____, the parent of _____, which has a serious _____ allergy would like to safe guard my child by following the procedures listed above.

****Only sign this if you wish for your child to NOT receive any food item from our program****