



# JFUMC CCC Registration Form

PLEASE NOTE: \$160 Registration fee is due to secure your child's spot  
The weekly rate of \$160 will be auto-drafted every Monday

OFFICE: Date entered care \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CHILD'S NAME** \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle

**GUARDIAN #1 NAME** \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_  
Last First

ADDRESS \_\_\_\_\_  
Street & No City State Zip

TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
Cell Work

**GUARDIAN #2 NAME** \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_  
Last First

ADDRESS \_\_\_\_\_  
Street & No City State Zip

TELEPHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
Cell Work

**AUTHORIZED PERSONS TO PICKUP** (other than above)

Name:	Address:	Cell:
Relation:		Work:
Name:	Address:	Cell:
Relation:		Work:
Name:	Address:	Cell:
Relation:		Work:
Name:	Address:	Cell:
Relation:		Work:

\*swipe access cards are issued to guardian(s) upon enrollment, each additional swipe card must be purchased by a guardian for a non-refundable fee of \$10

\*swipe cards only access the main entrance door from 6:30-6:00 daily.

**CHILD'S MEDICAL INFORMATION**

PRIMARY CARE PHYSICIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

ALLERGIES \_\_\_\_\_ DIETARY RESTRICTIONS \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

SPECIFIC INTRUCTIONS/LIMITATIONS \_\_\_\_\_

**MEDICATIONS**

- No medications will be given unless prescribed by a doctor
- Please fill out and sign a "parental request for medication" form

**PERMISSIONS** (please circle "give" or "do not give" permission for each item)

- (Give/Do not give) In an emergency when I cannot be reached, JFUMC CCC has my permission to call an ambulance or to take my child to a physician, or hospital at my expense.
- (Give/Do not give) My child may be photographed for publicity or social media purposes.
- (Give/Do not give) I authorize JFUMC CCC to apply sunscreen on my child during the summer months for outside play.

**PLEASE INITIAL THE FOLLOWING**

- \_\_\_\_\_ I have received and read the parent handbook
- \_\_\_\_\_ I have received a handout about shaken baby syndrome (infants only)
- \_\_\_\_\_ I have provided my child's immunization records, verifying he/she is up to date
- \_\_\_\_\_ I have received the kindergarten readiness handout (4 year olds only)

\*We currently use the "HiMama" childcare app to log all daily activities for each child and to check them in/out for the day. Please make sure that your email address is legible because you will receive an email to sign up for the free app. Thank you for allowing us to care for your child!

**SIGNATURE OF GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_