

Surfside United Methodist Church  
Child Development Center  
After School/Summer Registration Form  
2012-2013

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Parent/Guardian \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contacts 1. \_\_\_\_\_

Name Phone #

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

Name Phone #

Allergies \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for my child (or legal ward) \_\_\_\_\_

To be treated or attended to by authorized medical personnel in the event of an emergency. I, therefore, hold free from liability, Surfside United Methodist Child Development Center, staff, and all attending medical personnel acting according to the accustomed procedure and rendering general and special medical related treatment on the behalf if and for the goodwill of my child (or legal ward).

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission slips and agreements:**

I agree to abide by the rules and regulations stipulated in the CDC Handbook.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Appropriate behavior is expected of all children. The school reserves the right to require the removal of any child who will not conform to this standard.

I have read and agree with the above statement.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child’s picture to appear on the Church / CDC web site. I understand no names are to be listed on-line.

YES \_\_\_\_\_ NO \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Emergency Procedure:**

Each child **must** have an “Emergency Contact” card on file before the first day of school. This card **must** have at least three different emergency numbers; i.e. the Mother, the Father, and one other name and number. Parents are responsible to notify the school in writing of any changes during the year.

In the event of a non-serious injury, the CDC personnel will administer first-aid as per American Red Cross/Heart Assoc. training procedures and contact the parents if any further treatment is necessary. If no contacts are reached in a reasonable amount of time, EMS will be called if deemed necessary.

In the event of a serious injury, the CDC will immediately contact EMS and a name from the “Emergency Contact Card” and follow the American First-Aid procedures until EMS arrives.

I give permission for my child (or legal ward) \_\_\_\_\_ to be treated or attended to by authorized medical personnel in the event of an emergency. I, therefore, hold free from liability Surfside United Methodist Child Development Center, staff and all attending medical personnel acting according to the accustomed procedure and rendering general and special medical related treatment on the behalf of and for the goodwill of my child (or legal ward).

Mother’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Father’s Signature \_\_\_\_\_ Date: \_\_\_\_\_