

Surfside United Methodist Child Development Center
800 13th Avenue North
Surfside Beach SC 29575
surfsideumc.org

Date _____ # _____

4-year-old class _____ 3-year-old class _____ (3 day) _____ (5 day) _____ 2 1/2-year-old class _____

NAME OF CHILD _____ boy _____ girl _____

NAME CHILD COMMONLY CALLED _____

PLACE OF BIRTH _____ AGE _____ BIRTHDATE ____/____/____

RESIDENT ADDRESS _____ ZIP CODE _____

MAILING ADDRESS if different _____

HOME PHONE NUMBER _____ EMERGENCY CONTACT (NAME) _____

EMERGENCY PHONE NUMBER _____

CHILD'S DOCTOR _____ DOCTOR'S PHONE NUMBER _____

FATHER'S NAME _____ PLACE OF EMPLOYMENT _____

MOTHER'S NAME _____ PLACE OF EMPLOYMENT _____

PARENT'S MARITAL STATUS _____ DENOMINATION _____

SCHOOL DISTRICT (IF KNOWN) _____

NAMES AND AGES OF BROTHERS AND SISTERS:

NAME _____ AGE _____ BROTHER _____ SISTER _____

NAME _____ AGE _____ BROTHER _____ SISTER _____

FAVORITE TOYS: _____

GROUP EXPERIENCE: NONE _____ SUNDAY SCHOOL _____ NURSERY SCHOOL _____ OTHER _____

WHAT THINGS IS HE/SHE AFRAID OF? _____

PARTICULAR PROBLEMS WITH WHICH HELP IS NEEDED _____

ALLERGIES _____

PLEASE READ AND SIGN BACK OF FORM

2011-2012 Child Development Center Fees and Requirements
All Registration Fees are NON-Refundable and due at time of registration.

All Children in the following Classes Must Be Completely Potty Trained. See back of form for details of "completely potty trained." A \$100.00 Registration Fee/Supply Fee is required for these classes. (\$85.00 if you register before April 1, 2011)

4-Year-Old Classes: Monday through Fridays, 8:30 - 12:00 noon. Must be 4 by September 1, 2011. Monthly fee is \$185.00 (\$180.00 church members, board Members)

3-Year-Old Classes: Monday through Friday 8:30 a.m. - 12:00 p.m. Must be 3 by September 1, 2011. Monthly fee is \$185.00 (\$180.00 church members, board members)

3-Year-Old Classes: Tuesday, Wednesday, Thursday, 8:30 a.m. - 12:00 p.m. Must be 3 by September 1, 2011. Monthly fee is \$140.00 (\$135.00 church members, board members)

2 1/2 -Year-Old Classes: Monday and Friday, 8:30 a.m. - 12:00 p.m. Must be 3 by April 1, 2012. Monthly fee is \$85.00 (\$80.00 church members, board members)

****TUITION IS DIVIDED INTO 9 MONTHLY PAYMENTS DUE THE 1st OF EACH MONTH, SEPTEMBER through MAY and does not change regardless of the number of school days in each month. (A late fee of \$5.00 will be accessed if not paid by the 5th.) Please refer to the handbook for further explanation.**

STACEY CLEVELAND, DIRECTOR - CDC Office - 238-2734 ext. 106 / HOME PHONE NUMBER – 651-5702.

Revised 7/18/2011

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: _____

Field Trips –All Parents are responsible to transport their own child on any field trip taken. All field trips are voluntary.

Parent Signature _____ Date _____

To be Completely Potty Trained Means the child can independently pull up/down pants, get on/off potty, wipe, flush and wash own hands. No diapers or pull-ups allowed in the CDC classes.