



Methodist Learning Center  
1001 Constitution Drive  
**Afterschool Registration Form**  
**2016-2017**  
Lic # C14GU0717

Please complete and return this form along with a check for the registration fee.

Child's Full Name \_\_\_\_\_  
Last First Middle

Birthdate \_\_\_\_\_ Age (as of September 1, 2016) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Email Address \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

**MOTHER'S CONTACT INFORMATION**

Mother's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

**FATHER'S CONTACT INFORMATION**

Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Are you a member of First United Methodist Church?  Yes  No

Child lives with:  Both Parents  Mother  Father  Other

**EMERGENCY CONTACT/Pick UP (OTHER THAN CHILD'S PARENTS)**

*Must include a minimum of 2. Please include name, phone number and their relationship to your child.*

1)	_____	_____	_____
	Name	Relationship	Phone Number
2)	_____	_____	_____
	Name	Relationship	Phone Number
3)	_____	_____	_____
	Name	Relationship	Phone Number
4)	_____	_____	_____
	Name	Relationship	Phone Number

**MEDICAL PERMISSION WAIVER**

*In case of illness or emergency to my child while attending MLC, I hereby give the staff permission to administer first aid, and if necessary in their judgment, to take my child to any hospital for necessary treatment or call a doctor of their choice to treat my child. I further agree to assume all costs resulting from the above action. It is my understanding that the staff of the school will attempt, if possible, to honor my following preferences as to the doctor and hospital prior to taking the above action.*

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**Medical Information**

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Special Needs \_\_\_\_\_

Any other medical needs we need to be aware of \_\_\_\_\_

**Permission/Authorization**

*Initial each statement below:*

\_\_\_\_\_ I hereby grant permission for than child to be photographed or videotaped in activities.

\_\_\_\_\_ I hereby grant for my child’s picture/video to be used on MLC’s Facebook, Instagram and MLC website.

\_\_\_\_\_ I give MLC permission to give my child Tylenol/Advil.

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), or
- Section 65C-20.11(2)(c)(1), F.A.C., requires that parent(s) receive a copy of the family day care home brochure, "Selecting A Family Day Care Home Provider" (CF/PI 175-28).
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, or Section 65C-20.010(6)(c), F.A.C., requires that a written a copy of the family day care provider's discipline policy be available for review by the parent(s).

I have read and understand the information form and parent handbook.

**Please return this form along with a check for the registration fee. (Non-refundable Registration will hold your child’s spot for the 2016-2017 school year.)**

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

