



Please complete and return this form along with a check for the registration and materials 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 (_____) _____

Please check which you are enrolling your child for:

- 3 year old
- 4 year old
- Half Day (8:45-11:45am)
- Full Day (7:15-5:45pm)

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 my child to be included in screenings and evaluations the preschool may give.

_____ 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 and materials fee. (Non-refundable Registration & Materials Fee of \$150.00 will hold your child’s spot for the 2016-2017 school year.)

Parent Signature _____ Date _____

