

# CHILD INFORMATION SHEET

NAME OF CHILD \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S CELL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S CELL \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

\_\_\_\_\_

Do parents live together? \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_

PHONE \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## NAMES OTHER THAN PARENTS TO WHOM CHILD MAY BE RELEASED

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

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

## PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY

NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY MEDICAL CARE

I, \_\_\_\_\_, the parent (or legal guardian) of \_\_\_\_\_ who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted and give permission to treat. I understand I will be financially responsible for the cost of such treatment.

PHYSICIAN \_\_\_\_\_

HOSPITAL \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**FIRST PRESBYTERIAN CHURCH DAY CARE MINISTRY**

**TRANSPORTATION POLICY**

I/We, \_\_\_\_\_ and \_\_\_\_\_ give  
permission for my/our child(ren) \_\_\_\_\_ to  
ride in an automobile with any day care employee providing child is in a seat belt. (You will be notified, if at all  
possible in advance, of your child(ren) leaving the day care facility.)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DAY CARE DIRECTOR

\_\_\_\_\_  
DATE

## PARENTS NOTICE

I/We understand that the First Presbyterian Church Day Care Ministry is registered under the laws of Indiana, but is not licensed. I/We also understand that this day care ministry complies with the state rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I/We understand that it is my/our responsibility to ensure that the nutritional and health needs of my/our child(ren) are met while at the day care ministry.

CHILD(REN) ENROLLED \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

**FIRST PRESBYTERIAN CHURCH DAY CARE MINISTRY**

**INSURANCE AGREEMENT**

I/We, \_\_\_\_\_ and \_\_\_\_\_ carry full

medical insurance coverage on my/our child(ren):

CHILD'S NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

while in the care of First Presbyterian Church Day Care Ministry.

I/We are responsible for any and all medical needs and/or expenses of my/our child(ren), which could occur during the time Day Care services are provided.

NAME OF INSURANCE COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

INSURED'S NAME \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DAY CARE DIRECTOR

\_\_\_\_\_  
DATE

# FIRST PRESBYTERIAN CHURCH DAY CARE MINISTRY

## DISCIPLINE POLICY

Should the need arise to discipline your child(ren), the following procedure will be used:

1. Talk to the child, discuss the problem, and recommend a way to resolve the problem.
2. Remind the child of Step 1 – go over the situation again.
3. When behavior has not improved, the child must be removed from the group:
  - required to take a time-out on a chair,
  - required to sit in an adjacent room for a few minutes.

SHOULD YOU PREFER A DIFFERENT WAY OF DISCIPLINE, PLEASE EXPLAIN BELOW:

Uncorrected behavior may result in dismissal from the Day Care. When a child's behavior continues to be disruptive or harmful to others, you may be asked to remove your child from the Day Care without any notice. We believe the key to corrective behavior is a parent/provider team effort.

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SIGNATURE OF PARENT OR GUARDIAN

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DATE

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SIGNATURE OF PARENT OR GUARDIAN

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DATE

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DAY CARE DIRECTOR

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DATE