

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 _____

LIST ANY ALLERGIES OR MEDICAL CONDITIONS: _____

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 _____

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.

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

DAY CARE DIRECTOR

DATE

FIRST PRESBYTERIAN CHURCH DAY CARE MINISTRY

CHILD PHOTOGRAPH WAIVER

I grant consent for my child(ren), _____, to have his or her picture taken. I authorize First Presbyterian Church Day Care to publish such picture or video footage on the official church website and/or any official electronic or paper publication.

Signature of Parent /Guardian

Date