Woodlawn Child Development Center A ministry of Woodlawn United Methodist Church Application for Enrollment One to Four Year Olds

Full Name:				
Last	First		Middle	Nickname
Date of Birth:	Gender: M	F	Date of Enrolln	nent:
Child's Physical Address:				
	Street		City	Zip Code
Age as of September 1				
Desired program: (M/W/F 8:30-n	oon) (T/TH 8:30-n	ioon) (M	-F 8:30-noon)	
(M-F 7am-5:30pm) (M/V	V/F 7am-5:30pm)	(T/TH 7a	ım-5:30pm)	
Family Information	Child Lives With: _			
Mother's Name & Address:		Father's	s Name & Addre	ss:
Contact Phones:		Contact	Phones:	
Employer:		Employ	er:	
E-mail Address:		E-mail	Address:	
Custody: Mother Fath				
Medical Information: I hereby grant permission for the emergency care if warranted.	staff of this facility	to conta	ct the following	personnel to obtain
Doctor:				
Doctor: Hospital Preference:				Phone:
Allergies, Special Dietary or Mo	edical Needs			

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Your child will be released only to custodial parent or legal guardian and the persons listed
below. The following people will also be contacted and are authorized to remove the child from
the facility in case of illness, accident or emergency, if for some reason the custodial parent or
legal guardian cannot be reached.

Name	Address	Work #	Home/Cell #
Name	Address	Work #	Home/Cell #
Name	Address	Work #	Home/Cell #
Name	Address	Work #	Home/Cell #
Helpful Informati	on about your child:		

Our licensing agency (Association of Christian Schools International) requires:

Current physical examination (Form 3040) and
Immunization Record (Form 680 or 681) and
Copy of Birth Certificate

All forms required within 30 days of enrollment.

Your signature belove	w indicates that	t all the inforn	nation on this	enrollment for	m is complete	and
accurate.						

Signature of Parent/Guardian	Print Name	Date
Names of those with permission to	make changes to this form:	

PARENT AGREEMENT I give my permission for photographs or video of my child participating in this Program to be used by Woodlawn CDC to help promote Woodlawn CDC. YES NO I give permission for my child to wear sun block provided by Woodlawn CDC. I give my permission for Woodlawn CDC to take my child on field trips including swimming (if applicable). I hereby certify that my child is in normal health and capable of participating safely in Woodlawn CDC program activities. I understand that Woodlawn CDC does not carry insurance on its students. YES NO I give my permission to the Woodlawn CDC Staff to utilize proper first aid procedures if my child requires ____YES ____NO If emergency medical care is deemed necessary, and I cannot be contacted, I authorize Woodlawn CDC Staff to act on my behalf in granting permission of my child to receive emergency treatment or surgery. In such a situation, I authorize medical personnel to perform the emergency procedures required. ____YES ____NO In the event that severe weather or emergency conditions prohibit me from picking up my child, I give my permission to Woodlawn CDC to release my child to an authorized person listed on my child's enrollment form(s). ____YES ____NO I understand that the registration fee is non-refundable. Registration and supply fees are due with registration. That tuition fees are payable weekly or monthly as indicated on the rate sheet as a convenience but they are based on annual tuition for the program and are due whether your child is present or not until disenrollment from the program. ____YES ____NO I have read and understand the Policies and Procedures of the Woodlawn CDC. I understand that noncompliance with any of the Woodlawn CDC policies could result in my child being dismissed from the program. I have explained the rules and guidelines of behavior to my child, as well as informed him/her about the activities in the Woodlawn CDC program. In consideration of the acceptance of my child in the Woodlawn CDC, I for myself, my executors, administrators and assigns, do hereby release and discharge Woodlawn United Methodist Church and the Woodlawn CDC from all claims of damages, actions, whatsoever in any manner arising or growing out of my child's participation in the Woodlawn CDC.

Child's Name Date Parent/Guardian Signature

Notary Signature and Seal Date

My signature below indicates that I have read and agree to all statements above.