

Woodlawn Child Development Center
A ministry of Woodlawn United Methodist Church
Application for Enrollment
K-5th grades After School/Holidays/ Quest Camp

Student Information:

Full Name: _____
Last First Middle Nickname

Date of Birth: _____ Gender: M _____ F _____ Date of Enrollment: _____

Child's Physical Address: _____
Street City Zip Code

Age as of September 1 _____

School attending in the fall: _____

Desired program: After School Care Full day holiday care (7am-5:30pm) Summer Quest Camp

Family Information

Child Lives With: _____

Mother's Name & Address:

Father's Name & Address:

Contact Phones:

Contact Phones:

Employer:

Employer:

E-mail Address:

E-mail Address:

Custody: Mother _____ Father _____ Both _____ Other _____

Certificate of Custody has been attached if required (see Parent Handbook for more info) _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following personnel to obtain emergency care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Hospital Preference: _____

Allergies, Special Dietary or Medical Needs

Contact Information

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

Your signature below indicates that all the information on this enrollment form is complete and accurate. And that you recognize that our annual enrollment fee which enrolls in all programs from June 1,2013- June 1, 2014 of \$75 is non-refundable.

Signature of Parent/Guardian	Print Name	Date
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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.

YES NO

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 it.

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. The exception to this is Quest Camp which is payable by the weeks reserved. Afterschool program tuition is due weekly unless the school is closed for the entire week in which case tuition is waved for that week.

YES NO

I have read and understand the Policies and Procedures of the Woodlawn CDC. I understand that non-compliance 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.

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

Child's Name

Date

Parent/Guardian Signature

Notary signature and seal

Date