

Nickname_____

Play Pal Start Date_____

First United Methodist Church

Play Pals Registration Form

Child's Full Name_____

Birthdate _____ Age_____

Address _____

Mother's Name_____

Home Phone _____ Cell Phone _____ Work Phone_____

Place of Employment_____ Occupation _____

Father's Name_____

Home Phone _____ Cell Phone _____ Work Phone_____

Place of Employment_____ Occupation _____

Other children in family:

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Potty Trained: yes no

Has this child been in childcare before: yes no

Does the child have problems with separation from parents: yes no

If yes, what suggestions do you have for soothing the child? _____

Does the child have behavioral problems we should be aware of: yes no

If yes, describe behavior and how we help the behavior_____

Favorite activities/toys _____

Favorite snacks _____

Additional information _____

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If parents cannot be reached, call:

Name_____

Relationship to child_____

Address_____

Home Phone _____ Cell Phone _____ Work Phone_____

Place of Employment_____ Occupation _____

Parent's Signature_____

Date_____

Car Pool Information

To assure the safety and welfare of your child, we will release your child only with the persons listed below. Any changes to the list must be submitted in writing to the director of the Play Pals Program. Our program ends at 1 p.m. Please make sure that the responsible party is prompt in picking up our child.

Name_____

Relationship to child_____

Address_____

Home Phone _____ Cell Phone _____ Work Phone_____

Name_____

Relationship to child_____

Address_____

Home Phone _____ Cell Phone _____ Work Phone_____

Name_____

Relationship to child_____

Address_____

Home Phone _____ Cell Phone _____ Work Phone_____

Name_____

Relationship to child_____

Address_____

Home Phone _____ Cell Phone _____ Work Phone_____

Name_____

Relationship to child_____

Address_____

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Play Pals Health Information Form

Child's Full Name_____

Birthdate_____

Age_____

Name of parents/guardians_____

List any injuries your child has had that may interfere with activities at Play Pals.

List any allergies your child has including food, insect, medications, etc.

If your child has allergies a *Allergy Action Plan* will need to be filled out by the parents and doctor

Is your child currently receiving medical care for a health condition? yes no

If yes, please explain_____

Is your child currently up to date on all immunizations? yes no

Please enter the dates of each immunization or attach immunization records:

DTP _____

OPV _____

MMR _____

HIB _____

Hepatitis B _____

Tetanus _____

Physicians Name _____

Office Address _____

Office Phone _____

Parent's Signature_____

Date_____

Nickname_____

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Medical Release

Organization _____ First United Methodist Church Play Pals _____

Director Name _____

Child's Full Name _____

Birthdate _____ Age _____

Name of parents/guardians _____

Insurance Company _____

Policy # _____

Policy Holder Name _____

Policy Holder DOB _____

Parents Authorization

In case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of this child. If I cannot be reached in the event of an emergency, I hereby give permission to personnel from the Play Pals Program at First United Methodist Church to hospitalize, secure proper treatment for and to authorize injection, anesthesia or surgery for my child named above. Every effort will be made to contact the child's regular attending physician. If the physician is not available, I also give my permission for Play Pals personnel to select another physician.

Parent's Signature _____

Date _____

Liability Release

In consideration of my child's participation in the Play Pals Program, I accept all and full responsibility for any injury or accident resulting from his or her participation in any activity. I release from any and all, liability, the First United Methodist Church of Asheboro, the Play Pals Program, the director and staff members.

Parent's Signature _____

Date _____

Photo Consent Form

I, the undersigned parent, consent to my child _____ attending First United Methodist Church Play Pals Program for any function to be photographed. I agree that FUMC Play Pals shall have the right, but not the obligation to use my child's photograph, likeness, (including caricature), for their website, Facebook account, bulletin boards, or any printed material at any time and for any other purpose the ministry deems necessary. For their privacy, your child's name will not be used to identify the photos.

Parent's Signature _____

Date _____

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