



# Summer Care Enrollment Application

Thank you for your interest in our program for your kiddo!



\*\*\*Please complete every section of the application with addresses and phone numbers or put N/A to meet state requirements\*\*\*

## Child's Information:

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

Primary Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attending Elementary School: \_\_\_\_\_

Grade entering this upcoming fall: \_\_\_\_\_ Sports/Extra Curricular Activities: \_\_\_\_\_

Favorite Activities and Subjects: \_\_\_\_\_

Any subject your child may need extra help in: \_\_\_\_\_

Child's Favorite Color: \_\_\_\_\_

Are there any weeks your kiddo will not be attending? \_\_\_\_\_

(tuition may still be due for absent weeks)

## Child's Medical Information & History

Does your child have any known allergies / food allergies / food intolerances?  YES  NO

If yes, please specify: \_\_\_\_\_ Type of reaction: \_\_\_\_\_

Other medical conditions / restrictions: \_\_\_\_\_

Please list all medications taken at home: \_\_\_\_\_

Please list all medications that will need to be taken at school: \_\_\_\_\_

Does your child have any speech, hearing, or visual concerns?  YES  NO

If yes, please specify: \_\_\_\_\_

Is there anything you would like us to know about your child: \_\_\_\_\_

Pediatrician's Contact Information: Name: \_\_\_\_\_ Practice: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Primary Caregiver(s): \*\*Please fill in all addresses and phones numbers or note N/A\*\***  
**Employer information is required by state for all emergency contacts.**

1) Relation to Child: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
\_ (Same as child) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Carrier: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Hours to be reached at work: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Relation to Child: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
\_ (Same as child) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Carrier: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Hours to be reached at work: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contacts / Other Adults Authorized to Pick Up Your Child:**

We must have at least three emergency contacts, including the parents listed above, and at least one of which lives outside the primary household. Employer information is required by state for all emergency contacts.

1) Relation to Child: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Hours to be reached at work: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*This Person Is Authorized to Pick Up my child \_\_\_\_\_ (Initial)

2) Relation to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Hours to be reached at work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*This Person Is Authorized to Pick Up my child \_\_\_\_\_ (Initial)

3) Relation to Child: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Hours to be reached at work: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*This Person Is Authorized to Pick Up my child \_\_\_\_\_ (Initial)

**Permission for First Aid Care: In the situation where emergency care is necessary, I hereby give my permission for this student to be treated with on-site first aid including, but not limited too, bandaging small wounds, applying ice packs to non-threatening injuries, removing splinters, de-chocker, and/or CPR. I will withhold all liability from Wesley KIDS employees when attempting to treat the child named above with standard first aid / CPR procedures.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for Emergency Care: If a parent cannot be notified, and emergency care is necessary, I hereby give my permission for this student to be transported to the nearest hospital and I give permission for the hospital to give emergency treatment as may be needed. I will assume responsibility for fees incurred by such an emergency.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Declarations:**

I, \_\_\_\_\_, toured the facility of Wesley K.I.D.S. on \_\_\_\_\_.

Employee who I meet with: \_\_\_\_\_.

(Please Date & Initial below)

- I have reviewed the summary of childcare licensing requirements by the link on the website or requesting a copy from the office \_\_\_\_\_
- I have reviewed the facility's parent handbook from the link on the website or requesting a copy from the office \_\_\_\_\_
- I do hereby authorize emergency medical care for my child  
(a limited power of attorney may be required for military dependents) as signed on page 3 \_\_\_\_\_
- I give permission for my child to view educational videos and games during the day (only applicable to children over 24 months) \_\_\_\_\_
- I have included a copy of my child's latest shot record including the completed physical \_\_\_\_\_
- I understand the annual fees for supplies and supplemental activities \_\_\_\_\_
- I agree to pay tuition by Monday of the current week or in advance. \_\_\_\_\_

Are you a member of Wesley Memorial UMC? \_\_\_\_\_YES \_\_\_\_\_NO

How did you hear about Wesley K.I.D.S.? \_\_\_\_\_

Do you have another child attending Wesley K.I.D.S.? \_\_\_\_\_YES \_\_\_\_\_NO

Are either of the child's primary guardians active military? \_\_\_\_\_YES \_\_\_\_\_NO

Are either of the child's primary guardians a first responder? \_\_\_\_\_YES \_\_\_\_\_NO

---

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
---------------------------------	------------------------------	------

For questions or concerns please us at contact: office@wesleykids.org 423-834-9808

After completing the application please submit it by email or mail it to/drop it off at the main office of Wesley Memorial  
3405 Peerless Rd NW Cleveland, TN 37312

For more information on Wesley K.I.D.S, visit our website at: www.WesleyKIDS.org  
For more information on Wesley Church, visit our website at: www.wesleychurch.com