

**PARENTS' DAY OUT-LAKEWOOD UNITED METHODIST CHURCH
REGISTRATION**

Child's name: _____ Date of enrollment _____
name child responds to _____ birthdate _____
home address _____
(street) (city) (zip)

Phone # _____

Father or guardian's name _____
(address if different from child's) _____

where employed _____ phone _____
address _____

Mother or guardian's name _____
(address if different from child's) _____

where employed _____ phone _____
address _____

Emergency contact-name _____
Address _____ phone _____

Persons designated to pick-up child (name, address & phone) _____

Persons not permitted to pick up
child _____

Child's doctor _____
(name) (address) (phone)

Child's dentist _____
(name) (address) (phone)

other children in family (list name, age & sex) _____

Please list information that would be helpful to our staff (habits, fears, likes,
dislikes, ALLERGIES
etc.) _____

Consent & Contact

This form is to be completed and signed by the child's legal guardian

Name of child _____

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact parent #1 or parent # 2 at the numbers provided below

Parent #1 name _____

number where this parent can be reached during the time their child is at PDO _____ cell phone _____

Parent #2 name _____

number where this parent can be reached during the time their child is at PDO _____ cell phone _____

In the event that parent #1 or parent #2 is not available, I give permission to the caregiver to provide first aid for the child named above and to take appropriate measures including contacting our physician or other emergency medical services and arranging for transportation to the nearest medical facility. At no time will the caregiver drive an ill or injured child to an emergency facility unless accompanied by another adult with the child in a proper child restraint seat. The parent will accept all financial responsibility.

Preference of
hospital _____
(address) _____ (phone) _____

Parent's
signatures _____ date _____
(by signing this you agree to the terms as outlined in the policy handbook)

email
address _____

EMERGENCY EVACUATION LOCATION

In the event of an evacuation specific to the child care facility, local evacuation or due to an emergency in the immediate area, the staff and children will evacuate the building and gather at:

1354 Brentwood St. This is the church parsonage located just south of the building. We will wait in the backyard of the parsonage unless there is inclement weather or it is unsafe to do so, in which case they will move inside the parsonage.

****In the event that the staff and children are evacuated to a shelter due to a pre-evacuation or mandatory evacuation, every attempt will be made to inform parents of the shelter location as soon as staff and children have been safely evacuated.**

date_____

Parent's
signatures_____