

# A CHILD'S HAVEN

## Cedar Park First United Methodist Church

### Registration Packet

The following forms are the enrollment and health information for your child for the school year. Please be sure to read the Parent Handbook for our policies and procedures before you fill out these forms. Then, simply sign in the appropriate places and return in the most convenient manner for you. If you have any questions please feel free to contact us. These forms must be received before your child starts school.

#### Address:

A Child's Haven  
Jodi Blount, Director  
600 W. Park St.  
Cedar Park, TX 78613

#### Fax Number:

512-335-0130  
Attn: Jodi Blount

#### If scanned, email to:

Jodi\_Blount@hotmail.com

#### Additional Contact Information:

512-335-9540



A Child's Haven  
Emergency Medical Form

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director in charge to take my child to:

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Name of Physician	Address	Phone Number
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Name of Hospital	Address	Phone Number
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Name of person to call in case of emergency if parents cannot be reached:

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Name/Phone/Address

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Name/Phone/Address

Name of Child \_\_\_\_\_ Date of birth \_\_\_\_\_  
Child's Social Security Number \_\_\_\_\_

Special Instructions and Allergies:

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Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I hereby give consent for emergency transportation to medical treatment as well as give consent for all medical treatment to the doctor, hospital, or other medical facility that administers medical treatment to the herein identified child while in the care of A Child's Haven, Cedar Park First United Methodist Church: 600 W. Park Street, Cedar Park, TX 78613 beginning June 1, 2010 – June 1, 2011.

By \_\_\_\_\_  
Parent/Guardian

Date \_\_\_\_\_

## Health Requirements

Name of Child: \_\_\_\_\_

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

Immunizations	Date/dose 1	Date/dose 2	Date/ dose 3	Date/ booster	Date/ booster
DTP/DtaP/DT					
POLIO-IPV					
Measles Rubeola Serampion					
Mumps					
Rubella					
Hib					
Hepatitis A					
Hepatitis B					
TB Test (if required)	Positive _____	Negative _____	Date: _____		
Varicella (see below)					

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

My child had varicella disease on or about (date) \_\_\_\_\_ and does not need the varicella vaccine.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Physician or Health Personnel Date

\_\_\_\_\_  
Signature –Staff making Handwritten Copy of Record Date

**ADMISSION REQUIREMENT:** One of the following must be presented when your child (under the age of 5) is admitted to the facility of within one week of admission. Check to indicate the option you select:

\_\_\_\_ DOCTOR'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_ A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment program, if no referral for further diagnosis and treatment is indicated.

\_\_\_\_ A form or written health statement from a health service of clinic

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

Name and address of Physician: \_\_\_\_\_

I will submit the physician's statement, EPSTD form or health service of clinic form to the program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Hearing	Date:	Signature:		
HZ	1000	2000	4000	PASS FAIL
R				
L				
Vision	Date:	Signature:		
R 20/	L 20/	PASS FAIL		

Child's Haven  
Release Form for summer 10 and 2010-2011

I hereby give my permission for my child \_\_\_\_\_

\_\_\_\_\_ to be photographed.

\_\_\_\_\_ to be included in the parent directory, including their name, address, parent's name, phone number, and birth date.

\_\_\_\_\_ to participate in water activities during school hours when they occur. Water activities include wading pools and sprinkler play.

**A Child's Haven**  
**Cedar Park First United Methodist Church**  
**SCHOLARSHIP APPLICATION**  
**2010-2011**

Name of child \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Placement in program: \_\_\_\_\_  
(Class, number of days, etc.)

Is child currently enrolled in our program? \_\_\_\_\_

Family Income \_\_\_\_\_ monthly \_\_\_\_\_ annually

Number in family: Adults \_\_\_\_\_ Children \_\_\_\_\_

Please describe the reasons for needing a scholarship:

How would this scholarship benefit your child:

How much, if any, could you pay each month? \_\_\_\_\_

Amount needed to complete fees \_\_\_\_\_

(There is a \$65.00 registration fee per year and a \$15.00 art fee per semester)

Other information that should be considered:

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/guardian)

For Office Use:

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

If approved effective date: \_\_\_\_\_

Amount to be paid from scholarship fund: \_\_\_\_\_

Signed (Director): \_\_\_\_\_

# A Child's Haven

## Volunteer Form 2010-2011

### Child Information:

Child's Name: \_\_\_\_\_

### Parent/Guardian Information

Name(s): \_\_\_\_\_

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

Work name and address: \_\_\_\_\_

All telephone numbers: \_\_\_\_\_

We are interested in volunteers for many aspects of our program. If you would like to help out in one of the following please sign your name. We greatly appreciate all of the support our parents provide.

Room Parent \_\_\_\_\_

Help teachers with special projects and play days \_\_\_\_\_

Volunteer time to assist teachers during regular day \_\_\_\_\_

We especially need volunteers to help out when our teachers and aides are sick or absent. Substitute teacher when teacher is absent \_\_\_\_\_

We are able to sometimes pay are volunteers for their time but greatly appreciate any donations of time to the program. Please let the director know!

Please list the days and times that you are available: (we are in session on Tuesdays and Thursdays from 9:00 a.m. – 1:00 p.m.)

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Please list your social security number and birthdate \_\_\_\_\_.

All volunteers will have to have a background check before being able to work and help with the children.

I agree to a background check.

\_\_\_\_\_  
(Signature and date)

Please return to your child's teacher or director upon completion. THANK YOU!!!

Sincerely

Jodi Blount, Director

A Child's Haven

600 W. Park Street

Cedar Park, TX 78613

[jodi\\_blount@hotmail.com](mailto:jodi_blount@hotmail.com)

512-335-9540

A Child's Haven  
600 W. Park Street  
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512-335-9540  
Jodi Blount, Director

Please fill out the information below for our student directory. If you do not wish for your information to be in the directory, please mark below.

\_\_\_\_\_ I want to be in the directory 2010-2011  
\_\_\_\_\_ I do NOT want to be in the directory 2010-2011

Student's Name \_\_\_\_\_  
Parent's Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_  
Phone Numbers \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Siblings & ages \_\_\_\_\_

Interest in play groups (age interested in)  
\_\_\_\_\_

For office use only please feel out below:

Allergies \_\_\_\_\_  
Emergency numbers \_\_\_\_\_  
Authorized pick-up by \_\_\_\_\_

A Child's Haven  
Child Information Form summer 2010, and 2010-2011

We are trying to gather more information about your child in order to mold our curriculum to better serve your child. Please take a moment to fill this form out.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Art activities that your child prefers (please circle)

Paint    Coloring    Collages    Clay/Play Dough    Chalk    Sensory Items (shaving cream, rice, beans, etc.)

My child prefers for snack and for drinks \_\_\_\_\_

As a parent/guardian I would like to see my child involved in certain activities. These include: \_\_\_\_\_  
\_\_\_\_\_

As a parent/guardian I would like my child to learn about specific themes including:  
\_\_\_\_\_  
\_\_\_\_\_

I would like my older child to take field trips to see such things as : \_\_\_\_\_  
\_\_\_\_\_

I would be willing to participate in fundraisers for this program. (Please circle) YES NO  
I would like to see the donations go towards: (Please circle)

Playground improvements    Scholarships    Art Supplies    Toys and Books    General Fund

Other comments that pertain to the program or to your child's specific needs:  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to fill out this form.

A Child's Haven  
Mother's Day Out Program  
Cedar Park First United Methodist Church

Parent Handbook Agreement

\_\_\_\_\_ have received a copy of the Parent Handbook and read the policies set forth and agree to abide by the same.

\_\_\_\_\_ Parent signature and date

\_\_\_\_\_ Director signature and date