

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:

Director@childshaven.net

Additional Contact Information:

512-335-9540

A Child's Haven
Enrollment Information

Child Information

Child's Name _____ Age September 1, 2011 _____
Last First Name usually called

Address _____
Street Address City Zip

Home Phone _____ Date of Birth _____ M F

Other Children in Family
(Name/Age) _____

Other Adults in Family
(Name/Relationship) _____

Parent/Guardian Information

	Father/Guardian	Mother/Guardian
Name	_____	_____

Home Address	_____	_____
--------------	-------	-------

Home phone	_____	_____
------------	-------	-------

Work phone	_____	_____
------------	-------	-------

Cell phone	_____	_____
------------	-------	-------

E-mail address	_____	
----------------	-------	--

If separated or divorced, who has custody? _____

Transportation

I hereby authorize A Child's Haven to allow my child to leave with the following persons:

Name/phone _____ Relationship _____

Name/phone _____ Relationship _____

_____ (Initial) Parent Agreement

I have read the Parent Handbook and I accept and will abide by the policies therein.

Parent Signature and date _____

(office use: Date of Admission _____)

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:

Name of Physician	Address	Phone Number
-------------------	---------	--------------

Name of Hospital	Address	Phone Number
------------------	---------	--------------

Name of person to call in case of emergency if parents cannot be reached:

Name/Phone/Address

Name/Phone/Address

Name of Child _____ Date of birth _____
Child's Social Security Number _____

Special Instructions and Allergies:

Insurance Company _____ Policy Number _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 or (800) 514-0383 (TTY).

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, 2011 – June 1, 2012.

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 11 and 2011-2012

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.

_____ to participate in field trips (parent volunteers accompany— permission slip sent home before each field trip).

_____ to allow transportation for field trips with staff member if parent cannot provide transportation for own child (information included in permission slip sent home before each field trip).

A Child's Haven
Cedar Park First United Methodist Church
SCHOLARSHIP APPLICATION
2011-2012

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
2011-2012

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.)

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

512-335-9540

A Child's Haven
600 W. Park Street
Cedar Park, TX 78613
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 2011-2012
_____ I do NOT want to be in the directory 2011-2012

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 2011, and 2011-2012

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