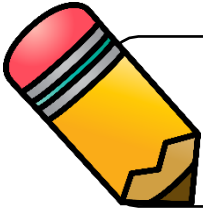


Enrollment Date: \_\_\_\_\_ Received by: \_\_\_\_\_



# JWUMC DAY SCHOOL



626 Savannah Highway\_  
[jwumcdayschooldirector@gmail.com](mailto:jwumcdayschooldirector@gmail.com)  
843.766.3396

## 2020-21 Registration Form

Child: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_ Sex: M F\_\_

Child's Address: \_\_\_\_\_

Full name of Mother: \_\_\_\_\_ Email \_\_\_\_\_

Mother's Address:  Same \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact 1<sup>st</sup>

Full name of Father: \_\_\_\_\_ Email \_\_\_\_\_

Father's Address:  Same \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact 1<sup>st</sup>

Members of John Wesley United Methodist Church? Yes \_\_\_ No \_\_\_

Program you wish to enroll your child in:

- |   |                  |                 |           |
|---|------------------|-----------------|-----------|
| ___ Infants: (2 mos +)                                | ___ 2 day (T/Th) | ___ 3 day (MWF) | ___ 5 day |
| ___ Toddlers: (15 mos +)                              | ___ 2 day (T/Th) | ___ 3 day (MWF) | ___ 5 day |
| ___ Twos: (must be 2 by 9/1/19)                       | ___ 2 day (T/Th) | ___ 3 day (MWF) | ___ 5 day |
| ___ Threes: <b>(must be completely potty trained)</b> | ___ 3 day (MWF)  | ___ 5 day       |           |
| ___ Fours: <b>(must be completely potty trained)</b>  | ___ 5 day        |                 |           |

## Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Cell or Work Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Other Person(s) Authorized to pick up child:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Medication and Emergency Care Authorization

I authorize JWUMC Day School to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child.

Yes  No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

NOTE: Basic medications are kept on premises in a locked safe. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept locked.

Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

I authorize JWUMC Day School to obtain the following services for this child if necessary:

Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian). If you do not wish for your child to be taken to MUSC Children's Hospital please note below.

\_\_\_\_\_.

## Child's Health Information and History

Health Plan \_\_\_\_\_ Group#: \_\_\_\_\_ ID#: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are your Child's immunizations up to date? Yes ( ) No ( )

**An updated copy of your child's immunization record is required at time of registration.**

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Does your child have any special needs or a family service plan? \_\_\_\_\_

Please list any serious prior injuries: \_\_\_\_\_

Does your child have any know allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions:

\_\_\_\_\_

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

\_\_\_\_\_

Does your child have any speech, hearing or visual problems? Yes ( ) No ( )

\_\_\_\_\_

Has your child ever been tested for the above? Yes ( ) No ( )

\_\_\_\_\_

Please comment on any other medical information/or special need the child care provider should be aware of:

\_\_\_\_\_

JWUMC Day School may not be qualified to accept children with special needs that require specialized care. Enrollment in such cases with be left to the discretion of the Director and/or the Day School Board.

# Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's, and our school Facebook page. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to JWUMC Day School to take photographs/videos to share on your child's classroom Seesaw app. Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

### **In Addition:**

I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).

I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

**OR**

I do NOT want any photos/videos taken of my child.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)