

**MOUNT CARMEL BAPTIST CHURCH CHILD DEVELOPMENT CENTER  
ENROLLMENT FORM**

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthday (M/D/Y) \_\_\_\_\_ Current Age \_\_\_\_\_ Is your child toilet trained (Yes/No) \_\_\_\_\_

Place of birth (city/state in U.S. or City/Country outside of U.S.) \_\_\_\_\_

Time your child will arrive \_\_\_\_\_ Go home \_\_\_\_\_ Known Allergies \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

Where Employed \_\_\_\_\_ Where Employed \_\_\_\_\_

Phone \_\_\_\_\_ Hours \_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

**Status of Natural Parents:** \_\_\_\_\_  
Married Separated Divorced Widowed

Is there a court order restraining any person(s) from requesting custody, dismissal or seeing your child? \_\_\_\_\_ Yes  
\_\_\_\_\_ No If yes a copy of the court order must be kept in child's file.

Please list names of persons below who are authorized to pick up children other than parent. Child will not be permitted to leave the center with anyone else without written permission from parents. All persons authorized to pick up children from the Center should be prepared to present picture I.D. to a staff member.

Name/Phone \_\_\_\_\_ Name/Phone \_\_\_\_\_

Name/Phone \_\_\_\_\_ Name/Phone \_\_\_\_\_

Name of person, other than Director, authorized to act in an Emergency...

Name \_\_\_\_\_ Phone \_\_\_\_\_

Where employed \_\_\_\_\_ Work phone \_\_\_\_\_

Has your child been in child care previously? \_\_\_\_\_ Where? \_\_\_\_\_

Anything additional we should know about your child? \_\_\_\_\_

\_\_\_\_\_

Type of Program you are enrolling your child in:

\_\_\_\_\_ Full time (Monday-Friday 6:30 a.m.- 6:00 p.m.)

\_\_\_\_\_ Morning Preschool (Monday- Friday 8:00a.m.- Noon)  
Morning preschool only offered to toilet trained 3-4 yrs.

\_\_\_\_\_ Infant/Toddler (**please provide schedule**) \_\_\_\_\_ 2 yr. \_\_\_\_\_ 3 yr. \_\_\_\_\_ 4 yr.

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### CHILD'S HEALTH HISTORY CHECKLIST

	Child's Name	Birthdate	Parent/Guardian Name
Yes    No	Has your child ever been in the hospital overnight?		
Yes    No	Is your child taking any medications?		
Yes    No	Any allergies or reactions to medicine, DTP or other shots, or insects?		
Yes    No	Has your child had asthma or wheezing?		
Yes    No	Does your child have speech or hearing problems?		
Yes    No	Has your child had more than two ear infections in a year?		
Yes    No	Has your child had tonsillitis?		
Yes    No	Does your child have trouble with his/her eyes or seeing?		
Yes    No	Has your child had a bladder or kidney infection?		
Yes    No	Does he/she have burning when urination?		
Yes    No	Does he/she have seizures, fits, or shaking spells?		
Yes    No	Have you ever been told your child has a heart murmur?		
Yes    No	Is your child able to play as hard as other children?		
Yes    No	Has your child ever had a bumpy, swollen reaction to the TB skin test?		
Yes    No	Has your child ever been with anyone having TB?		
Yes    No	Has your child ever had worms?		
Yes    No	Is your child a hemophiliac (free bleeder)?		
Yes    No	Is your child on a heart monitor?		
Yes    No	Does your child have tubes in his/her ears?		
Yes    No	Does your child have any special problems not indicated above?		

If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did your child last see a doctor? \_\_\_\_\_

## STATEMENT OF COOPERATION

I understand that the policy of Mount Carmel Baptist Church Child Development Center is to make no refunds on registration or book/supply fee. I agree to hold the school and its agents blameless because of injury or alleged injury except in the case of proven negligence. If for any reason, should legal action be taken against Mount Carmel Baptist Church Child Development Center or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault, I agree to pay any attorney's fees, court fees, damages or other costs that Mount Carmel Baptist Church or its agent may incur to defend itself against such action.

I have received a copy of the Policy Statement, Objectives, Schedule of Fees and a copy of the "Summary of Licensing Requirements for Child Care Centers". I have read and agree to the terms of this contract set forth by Mount Carmel Baptist Church Child Development Center.

I understand that should any information on this registration change, it is my responsibility to have a corrected application and statement of cooperation updated, signed, and delivered to Mount Carmel Baptist Church Child Development Center.

This statement of cooperation will be in effect for as long as my child attends Mount Carmel Baptist Church Child Development Center.

Sign \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Sign \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Sign \_\_\_\_\_  
Director, C.D.C. \_\_\_\_\_ Date \_\_\_\_\_

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### OFFICE USE ONLY

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

Date child enrolled \_\_\_\_\_

Date child withdrawn \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Pre-Enrollment visit was conducted by \_\_\_\_\_ on \_\_\_\_\_.**

## EMERGENCY MEDICAL TREATMENT CONSENT FORM

I (the parent) hereby give Mount Carmel Baptist Church Child Development Center permission to provide first aid care for my child, \_\_\_\_\_. In the event I (the parent) cannot be reached, I (the parent) hereby authorize the Mount Carmel CDC to transport my child to the emergency room of T.C. Thompson Children's Hospital unless another hospital is specified below. I (the parent) hereby grant my consent for the hospital and its medical staff to provide my child with any emergency medical treatment a physician deems necessary (including anesthesia). I (the parent) agree to accept financial responsibility for all medical expenses incurred.

Please list any health problem, medication, allergies and anything that we as caregivers should be aware of:

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Child's Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_

Name of Insured \_\_\_\_\_

Hospital Insurance Company \_\_\_\_\_

Insurance Number \_\_\_\_\_ Plan \_\_\_\_\_

Sign \_\_\_\_\_  
Parent/Guardian Date

Sign \_\_\_\_\_  
Parent/Guardian Date

RELEASE – COVID-19

Parents/Guardians Full Name: \_\_\_\_\_  
(as it appears on your driver's license)

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

Address \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

*WARNING: By signing this form, you give up important legal rights, including the right to sue. Please read carefully.*

*ELIGIBILITY FOR DAY-CARE: I verify that my child has been free from any symptoms of COVID-19 for at least the last 14 days. During this activity, if my child should become symptomatic, I understand that I am to communicate that immediately to the leadership of Mount Carmel Baptist C.D.C., and to avoid further contact with others on campus. I commit to leave as soon as possible to avoid jeopardizing others and procuring medical attention for appropriate follow up.*

*POTENTIAL RISKS: I understand these risks associated with potential exposure to infectious diseases, including the highly contagious COVID-19.*

*The United States Centers for Disease Control (CDC) has issued information to clarify that COVID-19 is thought to spread mainly from person-to-person (between people who are in close contact with one another – within about 6 feet; through respiratory droplets produced when an infected person coughs or sneezes); people are thought to be most contagious when they are most symptomatic but some spread might be possible before people show symptoms (fever, cough, shortness of breath); spread may also happen through touching a surface or object that has the virus on it and then touching one's own mouth, nose, or eyes. CDC has highlighted that older adults and people who have serious underlying medical conditions like heart disease, diabetes, and lung disease may be at a higher risk of getting extremely sick from the COVID-19 illness. CDC has also emphasized the following preventive actions: stay home when sick, cover coughs and sneezes with a tissue or use the inside of the elbow, wash hands often, clean frequently touched objects and surfaces, limit close contact with others as much as possible (about 6 feet). I understand that in the course of this voluntary service, others may not be following these instructions as closely as recommended.*

RELEASE TEMPLATE – REV. MAY 18, 2020

*ASSUMPTION OF RISK: For and on behalf of myself, my heirs, administrators, executors, and next of kin. I hereby expressly and specifically assume all the risks and harm associated with my child's participation in Mount Carmel Baptist C.D.C.*

*I do further hereby release and discharge from liability and agree to defend, indemnify and forever hold harmless all other participants, employees, officers, directors and volunteers engaged in this ministry, or church, herein collectively referred to as Releasees, from any and all causes of action arising from or relating to my child's participation in these services, including but not limited to sickness, even if said claims arise from illnesses caused by the sole negligence or fault of one or more of the Releasees. Notwithstanding anything which may appear to the contrary, this agreement shall not be understood, however, to release the intentional acts or gross negligence of the Releasees.*

*By signing in my own handwriting or typing my name below, I affirm I have read, understood, and agreed to its terms, and have effectively signed the release. I agree and accept.*

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



## Photo Release

I, \_\_\_\_\_, do hereby give permission to Mount Carmel Baptist Church to use my child's photograph, photographic image or video image for use in the Mount Carmel Baptist Church Pictorial Directory, Church or C.D.C. Newsletters, Newspaper Articles and the Mount Carmel Baptist Church Website whether in still or motion ([www.mountcarmelbaptist.com](http://www.mountcarmelbaptist.com)). It is agreed that the use of our photograph or photographic image, and/or shall in no way be used in any other forum other than for official church business.

I hereby waive any right that I may have to inspect or approve the finished product and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless Mount Carmel Baptist Church, their staff, employees and officers, from any and all demands, cause of action, past or future and any damages that could arise from the use of this photograph or photographic image for the use of Mount Carmel Baptist Church..

This release will be kept on file in the Child Development Center office of Mount Carmel Baptist Church.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name(s) \_\_\_\_\_ Date \_\_\_\_\_