



Application for Enrollment

School Year: _____

STUDENT INFORMATION

Date of Birth: _____ Sex: _____ Race/Ethnicity: _____

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack

FAMILY INFORMATION

Child Lives With: _____ Language(s) Spoken at Home: _____

Parent/Guardian 1 Mother Father Other

Name: _____

Address: _____
(if different than child's)

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Address: _____

Work Phone: _____

Parent/Guardian 2 Mother Father Other

Name: _____

Address: _____
(if different than child's)

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Address: _____

Work Phone: _____

Custody: Mother Father Both Other: _____

If court documents are filed in regard to custody, a copy MUST be included with this enrollment form. This includes foster care placement letters and applicable child safety plans.

MEDICAL INFORMATION AND EMERGENCY CONSENT

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted. I also agree to hold harmless and release FUMPers and First United Methodist Church Gainesville and its employees from all liability. I further agree to keep FUMPers informed of changes in telephone numbers where I can be reached.

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Does your child require an Emergency Care Plan due to an allergy, medical diagnosis or an increased risk for a chronic physical, developmental, behavioral, or emotional condition or additional services? Yes No

If so, please fill out the appropriate Emergency Care Plan.

Date of Enrollment: _____

Is your child currently receiving therapy or some other assistance/service due to a physical, developmental, behavioral or emotional condition or delay? Yes No

If so, **please describe below and provide documentation (encouraged).**

Please list allergies, special medical or dietary needs, or other areas of concern:

HELPFUL INFORMATION ABOUT THE CHILD

Use this space to provide information about the child that would be helpful to the staff of FUMPers.

CONTACTS

The child will be released only to the custodial parent or legal guardian, and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in the case of illness, accident, or emergency, if for some reason the custodial parent or legal guardian cannot be reached. In addition, the following people will be granted use of your family's assigned door code and must adhere to the requirements of the Door Code Acknowledgment Form. **All information, including addresses is required.**

Name & Relation to Child	Address	Home/Cell Number	Work Number
Name & Relation to Child	Address	Home/Cell Number	Work Number
Name & Relation to Child	Address	Home/Cell Number	Work Number
Name & Relation to Child	Address	Home/Cell Number	Work Number

ACKNOWLEDGMENTS

- _____
(initial) I agree to provide FUMPers with a current physical examination (Form 3040) and immunization record (Form 680 or 681) upon enrollment and upon request when those records expire. Due to regulations, some children in care may not have current immunizations.
- _____
(initial) I agree to abide by the requirements of the school's Door Code Acknowledgment Form.
- _____
(initial) I have received a copy of the Child Care Facility Brochure "Know Your Child Care Facility" via email or accessed through the school's website.
- _____
(initial) I have received a copy of the FUMPers Parent Handbook via email or accessed through the school's web site.
- _____
(initial) I have received a copy of the FUMPers Shaken Baby (Abusive Head Trauma) Policy.
- _____
(initial) I have received a copy of the FUMPers Food Policy.
- _____
(initial) I have received a copy of the Disciplinary and Expulsion Policies of the school.
- _____
(initial) I hereby give consent for childcare personnel to have access to my child's records.
- _____
(initial) I hereby give consent for my child to be observed and evaluated by FUMPers staff for the purposes of assisting in the identification of a need for further professional assessment and/or to identify curriculum goals for my child.
- _____
(initial) My child may/ may not participate in food-related activities at FUMPers.
- _____
(initial) I grant/ do not grant permission for my child's photo to be taken and used for promotional purposes including, but not limited to, brochures, advertisements, and social media. I understand that if I do not grant permission, my child's photo will still be taken for classroom use.
- _____
(initial) I agree to participate in using the Brightwheel Childcare Management app as the primary means of communicating with FUMPers staff, as well as checking my child in and out of FUMPers each day.
- _____
(initial) I understand that FUMPers follows proper health and safety protocols to reduce the risk of the transmission of illnesses, including COVID-19. I also understand that despite these measures, my child may be exposed to illnesses while attending school as protocols do not eliminate the risk of exposure.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. Your signature also indicates that you have received, read, and agree to the terms set forth in the FUMPers Parent Handbook.

Signature of Parent/Guardian

Signature of Parent/Guardian (if applicable)

Date