

My Friend's Place
 First United Methodist Church
 3160 E. Spring Creek Parkway Plano, TX 75074
 (972) 423-4910 Fax (972) 633-9126
 Director: Donna Kirkwood, Ph.D.

Date of Admission _____
Amount Due _____
Amount Paid _____
Check # _____

Student Information			
Last Name	First Name	Goes By	Date of Birth Age as of 9/1/07 Grade 2007-08 Sex (M/F)
Street Address		City	State Zip Code Home Phone

Parent Information			
Mother	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Guardian
Father	<input type="checkbox"/> Parent	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Guardian
Last Name First Name		Last Name First Name	
Home Address (if different from student)		Home Address (if different from student)	
Home Phone Cell Phone		Home Phone Cell Phone	
Employer Name Work Phone		Employer Name Work Phone	
E-mail address		E-mail address	

Pick Up List (other than parents)			
Please list any other person(s) to whom the child may be released or who may come for the child if the parent cannot be reached.			
Name	Phone	Name	Phone
Are there any people who might try to call for your child, who for legal or other reasons that you have discussed with the Director, may not take the child? ? no ? yes Who?			
If this person is a parent, we must have a copy of the custody agreement on file.			

CHECK ALL THAT APPLY:	
1. <input type="checkbox"/>	FIELD TRIPS/TRANSPORTATION: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to be transported and supervised by facilities staff in church vans/buses on filed trips. All field trips will be announced at least 48 hours in advance.
2. <input type="checkbox"/>	WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to participate in water activities. <input type="checkbox"/> splashing pools <input type="checkbox"/> wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> other bodies of water provided by the facility
3. <input type="checkbox"/>	SCHOOL AGE CHILDREN: My child attends the following school and his/her immunization record is on file at the school and all immunizations and tuberculosis test are current. <div style="display: flex; justify-content: space-between;"> _____ _____ </div> Name of School and Address School Phone #
5. <input type="checkbox"/>	IMAGE USE: I authorize the Weekday Program/My Friend's Place to use (non-identifiable) photographs and class work of my child for church use and school publicity.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION		
<input type="checkbox"/> In the event I cannot be reached to make arrangements for emergency medical care, I authorize the WeekdayProgram/My Friend's Place to secure any and all necessary emergency medical care for my child.		
Name of Physician or Hospital:	Address:	Phone Number:
Insurance Company:	Policy Number:	PhoneNumber:
List any known allergies (that we should post), special nutritional needs, existing illness, previous serious illness and/or injuries, hospitalizations during the past 12 months. Include medications prescribed for continuous, long-term use, and any other information which staff should be aware of: <input type="checkbox"/> None		
EMERGENCY CONTACT NUMBERS (other than parents)		
Name:	Address:	Phone Number(s):
<input type="checkbox"/> I give ____ do not give ____ permission for the staff of My Friend's Place to administer Children's or Junior Strength Tylenol or Advil according to dosage instructions on the packaging for headache or mild pain. In the event of a fever I will be notified and will need to make arrangements for my child to be picked up from My Friend's Place.		

Parent Enrollment Agreement

Please read each statement below then sign and date in the space provided.

I have received a copy of the Weekday Program/My Friend's Place Parent's Handbook. I have read, understood and agree to abide by the policies/procedures as stated, which includes the following:

- MFP operates each day from 7:00 a.m. to 6:30 p.m. The office is open from 8:30-3:30.
- A late fee of \$1.00 per minute per child left will be assessed after 6:30 p.m.
- My child will be released only to persons I have officially authorized.
- MFP cannot provide care for sick children, and I agree to comply with the program's written policies concerning illness.
- Medications must be in the original container (prescription or over-the-counter) and parents must complete an Authorization for Medication form.
- MFP cannot be responsible for personal belongings, including jewelry, money, electronics and special items brought to school.
- A copy of the State of Texas Minimum Standard Rules for Child-Care Centers is available for review along with the center's most recent Licensing Inspection Report.
- The MFP staff is obligated to report any suspicion of child abuse.
- A child may be dismissed if MFP is unable to meet the physical, mental, or emotional needs of the child, or the parents do not comply with MFP policies.
- Two weeks notice is required for withdrawal from the program. Without notice, the family is responsible for full tuition payment.
- No refunds or make up days will be offered if my child misses school due to illness, or school closings due to weather or other unforeseen circumstances.

Parent/Guardian Signature

Date