

Weekday Program 2011-2012
 First United Methodist Church
 3160 E. Spring Creek Parkway Plano, TX 75074
 972) 423-4910 Fax 972) 633-9126
 Director: Shela Wannemacher

<u>Office Use Only</u>	
Date of Admission	_____
Date of Withdrawal	_____
Class Level	_____
Days Enrolled	_____
# Hours Enrolled	_____

Student Information					
Last Name	First Name	Goes By	Date of Birth	Age as of 9/1/11	Sex (M/F)
Home Address			City	State	Zip Code Home Phone #

Parent/Guardian Information							
List telephone numbers where parents/guardians may be reached while child is in care.							
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)			
I hereby authorize the Weekday Program to allow my child to leave ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
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? <input type="checkbox"/> no <input type="checkbox"/> yes Who?			
If this person is a parent, we MUST have a copy of the custody agreement on file.			
We will collect developmental/behavioral information about your child throughout the year. With whom may we share this information about your child's development?			
Is there anyone with whom we may not share this information?			

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 Weekday Program to secure any and all necessary emergency medical care for my child.		
Name of Physician or Hospital:	Address:	Phone #:
Name of Dentist:	Address:	Phone #:
Insurance Company:	Policy Number:	Phone #:

EMERGENCY CONTACT (other than parents)			
Give the name, address and phone number of person to call if parents or guardian cannot be reached.			
Name:	Address:	Phone #:	Relationship
List any known allergies (that we should post), special nutritional needs, existing illness, previous serious illness and 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			

Parent/Guardian Signature _____

Date _____

Parent Enrollment Agreement

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

I understand and agree to the following policies:

- The WP operates each day from 7:00 a.m. to 6:30 p.m.
- A standard late fee will be assessed if a child is picked up after the specified closing times.
- My child will be released only to persons I have officially authorized.
- I will make sure that my child's lunch and/or snack does not contain any peanut and/or other nut products.
- The WP cannot provide care for sick children, and I agree to comply with the program's written policies concerning illness.
- I agree to pick up my child within one hour of notification when it is necessary to remove him/her from school.
- Medications must be in the original container (prescription or over-the-counter) and parents must complete an Authorization for Medication form.
- In case of a security emergency, I authorize the WP to transport my child to a secure location.
- Parents will be notified by phone regarding any emergency affecting their child. Notices regarding communicable disease occurrences will be posted and/or sent home with each child affected.
- The completed Enrollment Packet, which includes my child's current Immunization Record, his/her Medical Information Form and along with all applicable fees, must be returned before my child will be admitted to the WP.
- I agree to keep all information on the Enrollment Form and other WP records up-to-date.
- I am responsible for informing the WP concerning special health, physical, social, or emotional needs my child may have. This includes allergies (to be posted), special nutritional needs, existing or pre-existing illnesses and injuries, and all hospitalizations.
- Biting occurs occasionally for young children, and each incident is dealt with on an individual basis and in accordance with procedures recommended by recognized authorities.
- The WP cannot be responsible for personal belongings, including jewelry, money and special items brought to school.
- Parent conferences are scheduled in the Spring, however, the WP will keep me informed of special problems or situations which affect my child as they occur. I may also contact the WP at any time with my concerns and/or questions.
- 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 WP staff is obligated to report any suspicion of child abuse.
- A child may be dismissed if the WP is unable to meet the physical, mental, or emotional needs of the child, or the parents do not comply with WP policies.
- I have downloaded a copy of the Weekday Program Parent's Handbook from <http://www.fumcplanowekday.org/philosophy.shtml> including those for discipline and guidance. I have read, understand and agree to abide by the policies as stated in this document.
- 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.
- I authorize the WP to use photographs and class work of my child for church use and school publicity.
- Information about my child (including but not limited to enrollment forms, medical information, assessments and portfolios) will be kept confidential and only shared with Weekday Program staff in professional consultation or with those people I authorize.

Parent/Guardian Signature

Date