TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST DAY OF ATTENDANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Mother’s Day Out

Enrollment Agreement

2020 - 2021

NAME OF CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nickname (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHILD’S AGE\_\_\_\_\_\_\_D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_
I agree to enroll my child in the First United Methodist Church’s Mother’s Day Out Program. I understand that the hours of operation are from 8:30 am – 2:30 pm on Tuesday and Thursday. Half-days will be from 8:30 am – 12:30 pm.

I agree to pay all fees and charges for services regardless of my child’s attendance. Payments are due the 1st of every month; payments will be considered late the 10th of the month. If payments or a payment arrangement has not been made by the 10th I agree that the full month’s tuition may be charged to my credit card on file the first business day following the 10th. We accept the following payment methods: Cash or Check in office and Credit card or **e-check** paid by the link on the invoice. If you choose to utilize our credit card option you will need to add an additional $**5.00** processing fee there is **no charge for the e-check option**.

The program will begin Tuesday, September 1st and end on Thursday, May 20th. We will follow the Clovis School calendar for holidays, and any other closings. I also understand that any change in the fee schedule will require the completion of a new agreement.

**Late fees will be charged at the rate of $1.75 per minute per child** for children **picked up after 2:30 pm**. When withdrawing my child from the program, I will give a **two week** notice to the Director by filling out the withdrawal form or pay two weeks minimum fees. A $50.00 non-refundable supply fee will be added to your first invoice.

**In order to reserve a spot in the Mother’s Day Out Program, there is a $35.00 non-refundable registration fee per child, a copy of your child’s current shot records, and the completed Enrollment Agreement including the payment agreement.**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MONTHLY FEES FOR THE TUESDAY **AND/OR** THURSDAY SCHEDULE:

|  |  |  |  |
| --- | --- | --- | --- |
| Child's Age | Schedule | Tuition: 1 Day Per Week | Tuition: 2 Days Per Week |
| Infant room | 1/2 day **ONLY** (8:30 - 12:30) | $75.00 per month | $135.00 per month |
| Toddler, 2 year old,  | 1/2 day (8:30 - 12:30) | $75.00 per month | $135.00 per month |
|  & 3 and up rooms | 1 day (8:30 - 2:30) | $100.00 per month | $185.00 per month  |

**Please initial and circle the desired day for the OR option**

\_\_\_\_\_\_\_\_ I agree to pay the fees for ½ day Tuesday **AND** 1/2 day Thursday schedule(s) as stated above.

\_\_\_\_\_\_\_\_ I agree to pay the fees for ½ day Tuesday **OR** 1/2 day Thursday schedule(s) as stated above.

\_\_\_\_\_\_\_\_\_\_ I agree to pay the fees for Tuesday **AND** Thursday schedule as stated above

\_\_\_\_\_\_\_\_\_\_ I agree to pay the fees for Tuesday **OR** Thursday schedule as stated above.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, the Director will attempt to call persons listed for emergency contact. I give my permission for the Director or other personnel designated by the Executive Director the right to request emergency service immediately and/or emergency transportation for my child**

**I will NOT hold First United Methodist Church responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child’s physician, and other persons listed for emergency contact.**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MDO POLICY AND HANDBOOK AGREEMENT**

I have read, and understand the digital copy of First UMC Child Care Program Policies Handbook for Mother’s Day Out. The Handbook can be accessed on www.fumcclovis.net under the childcare ministries tab. I have read the policy statement and I agree to abide by the FUMC Child Care Program Policies Handbook for Mother’s Day Out. I understand that it is my responsibility to notify the First United Methodist Church if my child is ill and will not be in attendance.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order for our staff to give any kind of medication, we need signed permission from a parent and written directions about when and how much medication to administer from a doctor. Please secure the proper form which needs to be signed by the doctor, when leaving medication for your child. **ALL CHILDRENS’ MEDICATIONS MUST BE LABELED AND BROUGHT IN ITS ORIGINAL CONTAINER, WHICH SHALL INCLUDE THE NAME OF THE CHILD, DOSAGE, AND THE HOURS WHEN THE MEDICATION SHOULD BE GIVEN.**

New Mexico Licensing requires parents to acknowledge daily, any sunscreen ointment or diaper cream used on your child. Your signature when you sign your child out is your acknowledgement that you are aware of any medications that were applied.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCIPLINE:**

 Means training that teaches one to obey rules and control one’s behavior. It is an ongoing process with children and for maximum learning to occur, immediate and consistent reinforcement is important. We encourage self-control and responsibility for one’s own actions. Respect for each other, self, peers, and authority is taught with love and consistency. However, there are occasions when a child creates a situation which infringes upon the rights of the other children or staff. The child **needs** to know that I, as a parent, support the program as the authority while the child is in their care.

Examples of behavior that will **not** be tolerated are:

1. Fighting or touching others in inappropriate ways
2. Profanity and name calling
3. Destructive acts against FUMC property
4. Lack of respect for staff and peers
5. Deliberate disobedience
6. Throwing playground covering, rocks or dirt
7. Continued disruption
8. Harming other children

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that First United Methodist Church MDO Program has a late fee policy. This policy will only affect me if, I pick up my child after 12:30 pm/ 2:30 pm**. I understand late fees will be charged at the rate of $1.75 per minute per child.**

**I agree to honor the enrollment for the 2020-2021 MDO Program. When withdrawing my child from the program, I will give a two week notice to the Director by filling out the withdrawal form.**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I **give/do not give** the First United Methodist Church **Childcare** permission to use my child’s picture for FUMC Mother’s Day Out uses. The intended use of the pictures is to virtually display the activities of FUMC Mother’s Day Out to enrolled families, and church members. Pictures will not be captioned with children’s names.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We welcome our parents anytime to participate in our programs and be a part of our activities. We know communication is **everything** between teacher and parent. We will make ourselves available to parents who would like to drop-in or need to have a conference with the teachers or Mother’s Day Out Director. We ask that if you have a question or concern please bring it to us. We can’t solve a problem if we don’t know about it. We can be reached at (575) 763-8969, or by e-mail childcare@fumcclovis.net. Your comments are always welcomed. **Please respect us enough to talk to the Director rather than to others about a complaint or problem you may have. Taking to any form of social media to “bash” the school or any employee will be grounds for expulsion.**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SNACKS:**

The program will provide a daily snack. If your child has a ***severe*** allergy to foods please notify the director for special accommodations, and or exemption.

**TUITION POLICIES**

**2020-2021**

 First United Methodist Church Childcare is a non-profit organization and maintains a tight budget; we try to keep our rates affordable and as low as possible. For this reason, it is necessary that parents cooperate in paying accounts on time so that we in turn can meet our obligations.

Tuition payments are due on the 1st of each month and considered late by the 10th. A Payment agreement form is required for each child’s registration packet to be complete. This form must have a debit/credit card or checking account listed as a reliable payment source. This is **NOT** optional.

The first business day after the 10th of each month any account with a balance will be drafted from the card/account on file. The full balance due on the current invoice will be drafted on the 11th of each month. If for any reason the 11th falls on a weekend or if we are closed on Monday, those charges will be drafted the following business day. At any time you may pay your account in advance to alleviate your card being drafted. Please be sure this is a reliable payment source because any payments that are returned to us will be charged a $30.00 returned payment fee.

 **No credit will be given for absences due to illness or vacation during the school year.**

Please be sure your payment method is a reliable payment source. If a parent gives FUMC a check that **is returned for insufficient funds**, the parent will be contacted, requesting that cash for the fees owed plus a $30.00 fee be brought to the church as soon as possible. If it happens a second time the parent will be notified that the child can remain enrolled but all fees will need to **be paid in cash only**. FUMC will reserve the right not to accept checks from parents that have more than two returned checks to the church for non-payment.

**If your child is not picked up by 12:30(half-day) or 2:30(full day) a late charge of $1.75 a minute will be charged to your account*.***

If your account is not current and arrangements have not been made, we will be forced to withdraw your child. Your child may re-enroll upon availability and all accounts are paid in full. No child will be allowed to re-enroll for the following school year until all accounts are paid in full and arrangements are made to stay current with payments.

First United Methodist Church Childcare accepts cash and checks in office or credit cards (Visa, Mastercard & Discover) and e-checks online through the link on you invoice. If paying by credit card, there is a $5 service fee that must be added to your payment. **There is no charge for e-check payments**.

You may also request an auto pay form to set up automatic payments to be made on a predetermined date chosen by you from a credit card or bank account. See above fees for payments.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First United Methodist Church

Mother’s Day Out

Payment Agreement

2020 - 2021

I hereby authorize First United Methodist Church Childcare to initiate credit/debit card charges to the below-referenced credit/debit card or checking account. I understand it is my responsibility, as the owner of said account; to keep a reliable payment source on file at all times to avoid any additional fees for payments returned. If there is a payment arrangement made between an outside party and/or two separate households, each cardholder will need to complete a separate payment agreement.

**CREDIT/DEBIT CARD:**

#### Cardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_**

**Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_ CVC # \_\_\_\_\_\_\_\_\_\_**

**Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-CHECK:**

**Account holder name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Routing number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking**

**Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Savings**

**Account holder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office Use Only:**

Date Received:

Employee Initials:

***ALL AREAS OF THIS FORM MUST BE FILLED OUT. DO NOT LEAVE ANYTHING BLANK.***

**Child Admission Form**

**First United Methodist Church - Mother’s Day Out**

**1501 Sycamore St., Clovis, NM. 88101 - 575.763.8969**

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

First Day of Attendance Last Day of Attendance

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

Child’s Name: Last, First, MI. Birth Date Sex: ❐ Male ❐ Female

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

Street Address City State Zip

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Guardian Information:**

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

Father’s Name Place of Business Business/Cell Phone

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

Mother’s Name Place of Business Business/Cell Phone

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Information:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❐ None

Allergies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❐ None

Significant Medical Information or Special Needs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **I give permission for Emergency**

Physician Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical: Transportation:** ❐Yes ❐ NO

Hospital Phone

 **Treatment:** ❐Yes ❐ No

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name two (2) Local Emergency Contacts (other than parents or guardians):**

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

Name Address Phone

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

Name Address Phone

**At the end of the day or during any day my child may be released to the person or persons that have legal custody or the following persons:**

**1.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **2.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **4.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Parent or Guardian: Date

Revised 3/20

***…If any of the following fields are not applicable please leave blank…***

 **Something that helps calm my child when they are sad or upset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

**People who are special to my child**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Pets, Toys, or Hobbies my child enjoys**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**My Child Is Allergic to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**My child is currently taking these following medications. If the FUMC staff will be administering certain medications during the day please fill out a “Request for Administration of Medications” We are only permitted to give prescribed medications if they are in their original container with prescription intact:**

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

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

**Are there any behaviors and special techniques that we need to know for your child. As a staff we want to strive to create a healthy environment for every child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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