



First Presbyterian Church
Little Lambs/Mother's Morning Out
Enrollment Form/SUMMER 2017

Child's Information:

Full Name:

Name Preferred:

Date of Birth: _____ Current Age:

Boy or Girl
(circle)

Tuesday and Thursday

Parent Information:

Mother

Father

Name: _____

Home Address:

Occupation: _____

Place of employment: _____

Work Number: _____

Cell Number: _____

Home Number: _____

Email: _____

Child's Siblings:

Are any enrolled in one of 1st Presbyterian's School Ministries?
(circle)

Preschool (K____) Providence (grade: _____) Childcare (class:
_____)

Church your family attends:

****In case of emergency, who would you like us to call first?

****Please note that enrollment in this program does not place you on the priority list for acceptance to the FPC Preschool. Their application period is in February also. You can reach them at 793-6283.

*\$150.00 Registration Fee covers registration, supplies, and tuition.
Due with Application!*

Registration Fee received: Yes _____ No _____ check #

Emergency Contact Information

(This information will be used if neither of the parents can be contacted)

Name: _____ Relation: _____

Home #: _____ Cell #: _____
Work #: _____

Name: _____ Relation: _____

Home #: _____ Cell #: _____
Work #: _____

Name: _____ Relation: _____

Home #: _____ Cell #: _____
Work #: _____

Persons Allowed to Remove Child from First Presbyterian Little Lambs:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

We must have verbal or written permission from Parent/Guardian prior to releasing child (ren) to any party. Photo identification is required before child is released to anyone other than the guardian.

Consent to Emergency First Aid and Transportation:

I hereby give First Presbyterian Church Little Lambs permission to obtain medical treatment for my child

_____ in the event that I am unable to be reached. Lisa Hogg and staff have my permission to transport my child by ambulance or car to an emergency center for treatment. Parent's insurance will cover the cost of the ambulance.

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical and surgical treatment can be administered to my child _____ as prescribed by the treating physician. Furthermore, I release the designated representative, and First Presbyterian Church for any liability which may arise from the giving of such medical or surgical services as soon as possible after the need arises.

It is my understanding that group accident policy for First Presbyterian Church Children's Ministries is for excess coverage

only. In the event of a claim, I must file with my insurance carrier for coverage. I further understand that as soon as I receive written explanation of benefits from my company, any unpaid charges can be filed under First Presbyterian Church Children's Ministries Group accident policy.

Parent/Guardian Signature

Date

Medical Information

!!!!Upon submission of application a current BLUE SLIP must be submitted!!!!

Child's Physician: _____ Phone #: _____

In the event that your child's physician cannot be reached, another licensed physician may give emergency treatment to my child: Yes _____ No _____

Preferred Hospital:

Insurance Company:

Contract #: _____ Group #: _____

Regular Medication Child Takes:

Special Needs:

Allergies:

Does your child have food allergies? _____

Please list:
