

WELCOME TO M.C.C.CHURCH LIBRARY EDUCATION CENTER CORPORATION

MCCLECC- AFTER SCHOOL APPLICATION 0062007

- CHILD'S ENROLLMENT FORM
- CHILD INFORMATION

To day Date _____ Child's Date of Birth _____

Child's First Name: _____ Child's Last Name: _____

Home Address: _____

City _____ State _____ Zip code _____

Home phone _____ Cell # _____ Work # _____

Primary Home Language: _____ Emergency # _____

Current School and Address: _____

City _____ State _____ Zip code _____

School phone # _____ web-site Address _____

Child's Identifying Information (required by the Office of Child Care Services):

Eye Color: _____ Hair Color: _____ Sex: _____

Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Home Address: _____

Home Telephone: _____ Home Email: _____

Business Name: _____ Address: _____

Business Telephone: _____ Business Email: _____

Cell Phone: _____ Pager: _____

Hours at Work: _____

Parent/Guardian Name: _____

Home Address: _____

Home Telephone: _____ Home Email: _____

CHILD'S PHYSICIAN & MEDICAL INFORMATION

Physician Name: _____ Telephone Number: _____

Address: _____ Fax Number: _____

Allergies/Special Diet: _____

Chronic Health Condition: _____

Special Limitations or Concerns: _____

Health Insurance Coverage _____ Policy _____

Parent/Guardian Signature: _____ **Date** _____

FOR CENTER USE: Date of Admission: _____ **Age at Admission:** _____ **Site:** _____

MCCLECC COMMUNITY CHILDREN'S CENTER ASP CONSENT FORM 591-1- 02(F)I

Child's Name _____ Date of Birth _____ Parent's Name _____

FIRST AID AUTHORIZATION

I authorize **MCCLECC** teachers who are trained in the basics of first aid to give my child first aid when appropriate.

EMERGENCY MEDICAL CARE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Physician Name _____

Address _____

Phone Number _____ Fax # _____

Health Insurance Coverage: _____ Policy # _____

Child's Allergies _____

Chronic Health conditions _____

EMERGENCY EVACUATION

In the case of a catastrophic emergency, I give **MCCLECC** permission to transport my child by reasonable means to a location deemed appropriate by **MCCLECC**, Town of Douglasville police or fire departments or Douglasville College Campus police I understand I will be notified as soon as possible.

Parent/Guardian Signature: _____ **Date** _____

PICK UP LIST (in order to be contacted in the case of an emergency)

We must have written authorization from you to allow another person to pick up your child. We cannot Accept phone calls for pick-up authorization. It is our policy to request photo identification from anyone Unfamiliar to us *Please inform those on your pick-up list that we must have proper photo identification in*

order to release your child.

I give permission for the following people to pick up my child from MCCLECC in an Emergency or when I notify the program:

1. Name _____ **Physical Description** _____

Relationship To My Child _____ Phone # _____

Parent Signature _____ **Date** _____

2. Name _____ **Physical Description** _____

Relationship To My Child _____ Phone # _____

Parent Signature _____ **Date** _____

(Please add additional names on reverse side. We recommend that parents give pick-up permission to at least three people, if possible.)

Pick Up List Continued

3. Name _____ **Physical Description** _____

Relationship To My Child _____ Phone # _____

Parent Signature _____ **Date** _____

4. Name _____ **Physical Description** _____

Relationship To My Child _____ Phone # _____

Parent Signature _____ **Date** _____

5. Name _____ **Physical Description** _____

Relationship To My Child _____ Phone # _____

Parent Signature _____ **Date** _____

6. Name _____ **Physical Description** _____

Relationship To My Child _____ Phone # _____

Parent Signature _____ **Date** _____

Douglasville Community Children's Center After School Transportation Plan

Child's Name: _____

My child will arrive at the program by:

_____ Unsupervised walk from his or her classroom

_____ Program bus or van

My child will depart from the program by:

_____ Parent pick-up and Emergency contact

_____ By an authorized adult from my pick-up list

Parent/Guardian Signature: _____ Date: _____

Off-Site Activities Permission Form

CHILD'S NAME _____ Health Insurance Coverage _____

I _____, give permission for my child

(Parent/guardian's name)

To participate in all of the regularly scheduled on-going activities located at the following off-site Facilities:

1. Douglasville Public Libraries Boulder Brook Reservation
2. Downtown Atlanta area /parks/ downtown Douglas area
3. All Douglas Public Schools / Douglasville Downtown Area Shops
4. Douglasville Fire Stations /Douglas Fire Stations
5. Six-flag area
6. Douglasville Police Department Douglas
7. Douglasville / Atlanta Restaurants Lower Falls Area
8. Douglasville Memorial Parks
9. Underground Atlanta
10. County school Playground
11. Stone mountain park

Parent/Guardian Signature: _____ Date: _____

Field Trip Permission

You have my permission to take _____ on trips that the Douglasville Community Children's Center plans. I understand that I will be notified in writing of all trips requiring transportation in advance. I also understand that all necessary precautions will be taken to ensure his or her safety, and I will not hold the Douglasville Community Children's Center responsible for any accident, which may occur on such a trip.

Parent/Guardian Signature: _____ Date: _____

Playground Activities Information

Almost daily, children enrolled in **MCCLECC** After School programs play on the school playgrounds. At one point our licenser asked about playground supervision. We want you to know that we are happy to see children playing both with friends enrolled in our programs as well as friends from the neighborhood. **MCCLECC** teachers observes you children, but they are not responsible for the play of those not in our care.

While it might seem obvious, we are informing you of our policy that, while playing on the playground during after school hours at **MCCLECC** we require children in our care to follow both rules established by the schools and **MCCLECC** regarding playground use.

Parent/Guardian Sigantue: _____ Date: _____

MCCLECC Community Children's Center Permissions with PHOTO PERMISSION

Throughout the year various newspapers and magazines ask to photograph the children while they are at After School. Pictures might include walks, parties, or a child playing indoors or outside. Please check below.

_____ I give permission for my child _____ to be photographed while attending at the **MCCLECC** After School Program.

_____ I do not wish my child _____ to be photographed while attending at the **MCCLECC** After School Program.

Parent/Guardian Signature _____ **Date** _____

OBSERVER PERMISSION

MCCLECC hosts observers throughout the year from other children's centers, colleges, high schools, and

the community. The Atlanta Office for Child Care Services requires that parents sign a general consent form to indicate their awareness that observers are permitted at the After School Program sites. Observers are scheduled by the Director so as not to interfere with the children's program and general After School Program routines. Observers may not interact with any child unless a special consent from parents is obtained in writing and a detailed description of the interaction is furnished to parents.

I understand and consent to the above policy on observers and participant observers at the After School Program.

Parent/Guardian Signature _____ **Date** _____

PHONE LIST PERMISSION

Each year **MCCLECC** distributes a list of family addresses and phone numbers to families currently enrolled at **MCCLECC** After School Program. Please check below:

_____ I want to be included in **MCCLECC** list of families.

_____ I do not want to be included in **MCCLECC** list of families.

Parent/Guardian Signature _____ **Date** _____

EMERGENCY INFORMATION RECORD

First Name	Last name	Mother's Father Name	Today date	Date of Birth
Home Street Address	City	State	Zip code	Home phone #
Guardian	Home Street Address	City	State	Zip code
Mother's Father Job	Cell Phone #	Work Phone #	Sister Phone #	Brother Phone #
In case of Emergency Name	And parent in not Name	Available Contact Name	We need three person	Name information
Address	Address	Address	Student's Physician	Student Dentists
Allergies and other	Medical condition:	Please explain checked items	Below or if necessary	Use other side of card
Allergies Epilepsy	Asthma heart problem	Diabetes recurring	Illness other	

CLINIC REGISTRATION

Date	Complaint	Treatment	Time in	Time out	Sent Home

Parent Signature _____ Date _____

