



First United Methodist Church
217 South Church Street
Salisbury, NC 28144
704-636-3121

Date Received _____
Registration Fee Paid _____
Received/Reviewed By _____

After School Child Care Enrollment Application

Name of Child _____ Birthdate _____
(Last) (First) (MI) (Nickname)

Address _____

Email Address _____

Family Information

Mother/Guardian's Name _____ Home Phone _____

Address _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Father/Guardian's Name _____ Home Phone _____

Address _____ Cell Phone _____

Place of Employment _____ Business Phone _____

Insurance Carrier _____ Policy # _____

What school will your child attend for the next school year _____ Grade Level _____

Does your child have any known allergies: No _____ Yes _____
Explain _____

Please give any information concerning your child which will be helpful in his/her experience in a group setting (such as play, eating, sleeping habits, special likes/dislikes, and fears) _____

Emergency Care Information

Name of Child's Doctor _____ Office Phone _____

Address _____

Name of Child's Dentist _____ Office Phone _____

Address _____

Hospital Preference _____ Phone _____

If neither mother or father (or guardian) cannot be contacted, please list those to be contacted:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If you are unable to pick your child up and cannot call, please give the names and numbers of those to whom child can be released (**Photo ID will be required**):

1) _____ 2) _____

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither the family physician nor I can be contacted immediately.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, a responsible adult will supervise other children in the facility. I will not administer any drug/medication without specific instructions from the child's physician, parent or guardian. Provisions will be made for adequate and appropriate rest, outdoor play and meals.

Signature of Operator _____ Date _____