



First United Methodist Church
After School Child Care
217 South Church Street
Salisbury, North Carolina 28144
(704) 636-3121 (704) 433-6679

Date Received: _____
Registration Fee Paid ☐ _____
Processed by: _____

After School Child Care Enrollment Application

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

Family Information

Mother/Guardian's Name _____ Home Phone _____
Address _____ Cell Phone _____
Place of Employment _____ Business Phone _____
Email address _____

Father/ Guardian's Name _____ Home Phone _____
Address _____ Cell Phone _____
Place of Employment _____ Business Phone _____
Email address _____

Insurance Carrier _____ Policy # _____

What school does your child attend? _____ Grade Level _____
(If you are completing during the summer, list their upcoming school and grade.)

Does your child have any known allergies: No ☐ Yes ☐

Explain _____

Please share 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 _____

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) _____



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After School Child Care Medical Form

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

Does your child have:	Yes	No	Additional details:
Allergies			
Continuous Medications			
Previous hospitalizations			
Previous surgeries			
Previous diseases			
Re-occurring illnesses			
Asthma			Is a rescue inhaler needed?
Diabetes			
Convulsions			
Heart Trouble			
Physical Disabilities			

Is the child currently under a doctor's care? No _____ Yes _____ If yes, for a what reason? _____

Is there any additional information we should be aware of: _____

Signature of Parent or Guardian _____ **Date** _____

I agree that emergency medical providers 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 the 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 needs.

Signature of the ASCC Director.

Scotty W. Adcock

Date _____