

**Brevard FUMC
Weekday Children's Program
2022-2023 Registration Form**

Program Description:

Hours: 9am to 12 pm

Monday – Fridays

Age Range: Preschool (Walking Ones through Fives)

Cost: \$75 Registration Fee (non-refundable, administration fee to hold a spot). Second Child \$50 fee.

Monthly Tuition: \$335 (due first of month)

Weekday Children's Program is a five-day program for all children. It is felt this model will best provide for your child's development and create a sense of routine. However, if you wish for your child to attend less than 5 days; that will be your decision and we can accommodate that.

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22-23 WCP Registration Information

Name of Child: _____ M ___ F ___ Date of Birth: _____

Class: 1yr. _____ 2yr. _____ 3yr. _____ (3's should be potty trained) 4yr. _____

.....
Name of Parents: _____

Home Address: _____ Cell Number: _____

_____ Whose #: _____

2nd Cell Number: _____

Email Address: _____ Whose #: _____

Will you use the Early Room (8-8:50am), if available? Yes _____ No _____

How many days? _____

Thank you for sharing your child with us. We are preparing for an awesome year ahead for our precious little ones. If you have any questions, please do not hesitate to call me. 828-883-0926.

Jane Wheelless, Interim WCP Director

22-23 WCP Enrollment/Tuition Agreement

To reserve a spot in WCP for this coming year:

- ___ Complete 22-23 Registration Form
- ___ Pay \$75 Registration Fee

To complete Enrollment the following documents are required:

- ___ Enrollment/Tuition Agreement (p.1)
- ___ Personal/Medical Information Form (p. 2)
- ___ Emergency Medical Release & Medical Waiver (p.3)
- ___ Physician's Statement or copy of yearly physical (p.4)
- ___ Immunization Records (obtained from physician)
- ___ Permission for Field Trips & Photos (p.5)
- ___ Volunteer Opportunities (p.6)

Tuition for my child will be \$335/month; due the first of each month. I will pay either on-line (www.brevardfume.org) go to Ministries and drop down to Weekday Children's Program; & scroll down to "Pay Tuition") or pay with check/cash directly to the Director or place in tuition box on WCP Office door. A receipt will be provided for cash or check payments.

Parent Handbook:

I have read the WCP Parent Handbook. I understand the policies of the First United Methodist Weekday Children' Program and I agree to abide by them. I will contact the Director if I need clarification of policies.

Signature: _____ **Date:** _____
(Parent or Legal Guardian) **P.1**

Weekday Children's Program Personal/Medical Information Form

Name of Child: _____ Date of Birth: _____

Address: _____

Parents/Guardians Names and Phone Numbers:

Mother/Guardian: _____ Phone #: _____

Father/Guardian: _____ Phone #: _____

Contact Information for those authorized to pick up my child:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Medical Information

Child's Physician: _____ Phone Number: _____

Does your child have any allergies? Yes _____ No _____

If yes, please list any allergies and how the allergy is manifested (hay fever, upset stomach, other).

Physical handicaps? Yes _____ No _____ If yes, describe: _____

History of convulsions or seizures? Yes _____ No _____

Has your child been professionally tested for and diagnosed with special services? Yes _____ No _____

If yes, please let us know more about your child's condition: _____

Is your child taking any regular medications? Yes _____ No _____

If yes, what medication? _____

Is your child potty trained? Yes _____ No _____

Anything else you want us to know? _____ P.2

Emergency Medical Release Form*

Name of Child: _____ **Date of Birth:** _____

In case of Emergency call:

Parent: _____ **Phone #:** _____

Parent: _____ **Phone #:** _____

Emergency Contact: _____ **Phone #:** _____
(relationship to child)

In the event of an emergency where medical treatment is required, I give permission to the Weekday Children's Program (WCP) to obtain the services of a licensed physician or first responder. Notify me or my emergency contact immediately of any emergency.

Signature: _____ **Date:** _____
(Parent or Legal Guardian)

Waiver of Liability*

It is mutually agreed that in the event of an accident/illness of my child while in the care of Brevard First United Methodist Church Weekday Children's Program (WCP) shall use its best efforts to contact first, the parent(s) or secondly, the emergency contacts immediately.

In the event, that neither the parents nor emergency contacts are immediately available, WCP is authorized to secure care as the situation may warrant reasonable. In the unlikely event that the accident or illness is of a serious nature (cannot be taken care of by first aid measures), 911 will be called immediately.

The parent/legal guardian agrees that where the WCP has acted in good faith to handle an accident/illness of their child, any and all liability as might otherwise exist being expressly waived by the parent. As parent/legal guardian it is agreed that all financial expenses concerning any medical treatment will be paid by the parent/legal guardian.

Signature: _____ **Date:** _____
(Parent or Legal Guardian)

**This form is valid and legally binding until child is withdrawn or graduates from the program and will be transferred each progressing year; unless amended by the parent.*

Physician's Statement (or copy of yearly physical)

Physician's Name: _____

Practice Name: _____

*I have examined (name of child): _____
and see **no physical or emotional reason to restrict participation**
in the activities of the Weekday Children's Program.*

*I recommend the following **Restricted Activities** for this child:*

*I recommend the following **Special Attention or Care** for this child:*

Date: _____

Physician's Signature: _____

Field Trip Permission form & Photo Release*

Field Trips

I give permission for my child to accompany his/her class and staff on field trips planned and authorized by the WCP. These may be neighborhood walks or trips in the church van. I understand that the center has insurance coverage which includes such field trips.

I also give permission for my child to be treated by medical professionals and first responders in an emergency situation during a field trip away from the center. My child's emergency contacts are listed on the Emergency Medical Form on file and will be notified immediately of any emergency situation.

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

Photo Release Form

Videos and Photographs of both groups and individuals enrolled at WCP are used to promote the program, encourage funding and raise community awareness. These photos are posted on our Facebook page and may appear in newspaper articles, brochures, newsletters, and our church website.

Please indicate your preference:

_____ *I give permission for WCP to use pictures of my child, _____ for the above purposes.*

_____ *I do not give permission for WCP to use pictures of my child _____ for the above purposes.*

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

**This form is valid and legally binding until child is withdrawn or graduates from the program and will be transferred each progressive year; unless amended by the parent.*

Volunteer Opportunities

Please check areas you are willing to volunteer your time or resources:

___ Provide special food supplies for planned projects.

___ Demonstrate talents for a class. Ex. how to make bread; grow a garden; make a birdhouse; play an instrument; sing a song; walk on stilts; yoga; tap dance, etc... Any cool hobby you have! My talent I will share is: _____.

___ Help with holiday crafts & projects.

___ Donate materials for special projects.

___ Wash toys.

___ Chaperone field trips and walks.

___ Help set-up/clean-up for special activities (Thanksgiving feast & water days).

___ Little projects that you can do at home to assist the teacher (like cutting out shapes).

___ PARTICIPATE in playground work-days.

___ SUBSTITUTE for a teacher or assistant (background check is required).

Parent's Name: _____ Talent: _____

Parent's Name: _____ Talent: _____

Grandparent's Name: _____ Talent: _____

Name of Child & Class: _____ in _____'s Class.