

Sunbeam Children's Center - Day Care Program
2021-2022 Application for Enrollment



* \$100.00 non-refundable registration/supply/activity fee is due at time of registration. Please make checks

payable to MSTUMC

Child's Full Name _____
Last First Middle

Name you would like us to call your child _____

Date of Birth ____/____/____ Male____ Female ____

Days of Enrollment

___ 5 days – Monday-Friday

___ 3 days – Monday Tuesday Wednesday Thursday Friday

___ 2 days – Monday Tuesday Wednesday Thursday Friday

Parents/Guardians

Contact Information

Mr./Mrs./MS _____
Home Address _____
City/Zip _____
Relationship to Student _____
Lives with child? Yes____ No____
Employer/Occupation _____

Mr./Mrs./MS _____
Home Address _____
City/Zip _____
Relationship to Student _____
Lives with child? Yes____ No____
Employer/Occupation _____

Primary Contact Name _____
Primary Contact Phone _____
Home____ Work____ Cell____

Secondary Contact Name _____
Secondary Contact Phone _____
Home____ Work____ Cell____

Other Contact Name _____
Other Contact Phone _____
Home____ Work____ Cell____

Primary Home Contact Number _____

Primary Email _____

Person(s) responsible for paying tuition: _____

Non-Guardian Adults Authorized to Pick Up Child

Please list below, in order of contact preference, any adults authorized to pick up your child. (You must include at least 2 local persons to call in event of an illness, accident, late pick up, or other emergency.) **Sunbeam Children's Center will only release your child to persons listed below or to persons whom we have received verbal or written permission from a parent/guardian.** A valid photo ID will be required at the time of pick up.

1.) Mr./Mrs./MS _____ Home Phone _____

Relationship to Student _____ Cell Phone _____

Pick up in emergency? Yes____ No____ Other Phone _____

2.) Mr./Mrs./MS _____ Home Phone _____

Relationship to Student _____ Cell Phone _____

Pick up in emergency? Yes____ No____ Other Phone _____

3.) Mr./Mrs./MS _____ Home Phone _____

Relationship to Student _____ Cell Phone _____

Pick up in emergency? Yes____ No____ Other Phone _____

Sunbeam Children's Center - Day Care Program
2021-2022 Application for Enrollment

Medical Information

Name of child's physician or clinic _____

Address of physician or clinic _____ Phone _____

Name of medical insurance _____

Date when child was last examined by a physician _____

Special physical conditions/allergies we should be aware of _____

Other Information

Is English a second language in your home? Yes ___ No ___ If yes, primary language? _____

Names/ages of other children in the home _____

Church membership or religious preference? _____

How did you find out about our program? _____

Consent to Medical Care and Treatment of Minor Child

I, _____ (name of natural parent or legal guardian), hereby give permission that my child _____ (name), may be given emergency treatment, to include first aid and CPR by a qualified staff member of Sunbeam Children's Center. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance to an emergency center for treatment. I further authorize said center to take my child to a hospital, and I agree that I will pay all physician and hospital bills, and said center shall not be responsible for them.

Signature of Parent/Guardian _____ Date _____

Photograph Release

I release Sunbeam Children's Center to photograph my child while participating in daily activities. The photographs will only be used for school/church related displays.

Signature of Parent/Guardian _____ Date _____

****OFFICE USE ONLY:** Registration Fee Paid _____ PAF _____ BC _____ VHF _____ Photo Release _____ Nut Form _____ Date Received Application _____

Drop Off Time _____ Pick Up Time _____