**Initial Visit Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Waiting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2019-2020**

**Child’s name:** Click here to enter text.

**Name child goes by:** Click here to enter text.

**Date of Birth:** Click here to enter a date.

**Gender:** [ ]  **Male** [ ]  **Female**

**Social Security #:** Click here to enter text.

**Has your child previously attended a similar CEC uses Time-Out for discipline.**

**paid program?** [ ]  **Yes** [ ]  **No What other method works for your child?**

Click here to enter text.

**My child is: Please check one Siblings:** [ ]  **YES** [ ] NO

[ ]  **Active/Verbal Names/Age:** Click here to enter text.

[ ]  **Somewhere in-between** Click here to enter text.

[ ]  **Shy/Quiet** Click here to enter text.

**Parents/Guardian Information**

**Father (or guardian#1):** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text. **Zip:** Click here to enter text.

**Home phone:** Click here to enter text.

**Employer:** Click here to enter text. **Work phone:** Click here to enter text.

**Cell Phone:** Click here to enter text.

**Email address:** Click here to enter text.

**Mother (or guardian #2):** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text.**Zip:** Click here to enter text.

**Home phone:** Click here to enter text.

**Employer:** Click here to enter text. **Work phone:** Click here to enter text.

**Cell Phone:** Click here to enter text.

**Email address:** Click here to enter text.

**Marital status:** [ ]  **Married** [ ]  **Divorced** [ ]  **Separated** [ ]  **Widowed** [ ]  **Single**

 **If separated or divorced who has legal custody?**

[ ]  **Mother** [ ]  **Father** [ ] **Other**Click here to enter text.**­­­­­­­­­­­­­­**

 **(Court papers are required if the non-custodial parent cannot pick-up**

**Additional Emergency Contacts/allowed to pick-up my child(ren)**

Name: Click here to enter text. Phone#1 Click here to enter text.

 Relation: Click here to enter text. Phone #2 Click here to enter text.

Name: Click here to enter text. Phone #1 Click here to enter text.

 Relation: Click here to enter text. Phone #2Click here to enter text.

Name: Click here to enter text. Phone #1 Click here to enter text.

 Relation: Click here to enter text. Phone #2 Click here to enter text.

Name: Click here to enter text. Phone #1 Click here to enter text.

 Relation: Click here to enter text. Phone #2 Click here to enter text.

**Medical Information**

**In the event of an emergency, every effort will be made to reach parents. If parents cannot be reached, I authorize Union Baptist Church to take any of the following actions, depending on the severity of the emergency: (check ALL that apply)**

[ ]  **Please take my child to the nearest emergency room**

[ ]  **Children’s or (Other)** Click here to enter text. **Hospital**

[ ]  **Please take my child ONLY to Children’s Hospital**

[ ]  **Allow Knox Co. Ambulance Service to treat my child**

**Please note that an on-site staff person will be American Red Cross CPR Trained. We will contact EMS (911) any time we feel that it is warranted. Initial** Click here to enter text.

**Child’s Physician:** Click here to enter text. **Phone:** Click here to enter text.

**Insurance Information**

**Name of insurance company** Click here to enter text.

**Policy number** Click here to enter text. **Group number** Click here to enter text.

**Please list any special medical needs or allergies (environmental, FOOD and/or medical):**

Click here to enter text.

**Does your child have any hearing or speech problems?** [ ]  **Yes** [ ]  **No**

**If yes, describe:** Click here to enter text.

**Please answer the following questions:**

**1. Is your child currently taking any medication?** [ ]  **Yes** [ ]  **No**

**2. Does your child have any allergies or reactions to insect stings or bites?** [ ]  **Yes** [ ]  **No Describe:** Click here to enter text.

**3. Has your child had asthma or wheezing?** [ ]  **Yes** [ ]  **No**

**4. Has your child ever had chicken pox?** [ ]  **Yes** [ ]  **No**

**Date:** Click here to enter a date.

**5. Has your child had allergic skin reactions such as hives, welts,** [ ]  **Yes** [ ]  **No**

 **contact dermatitis, etc.?**

 **Which ones:** Click here to enter text.

**Please answer the following:**

1. **My child’s immunization and health records are current. You must provide Union Baptist Church a copy for their records upon acceptance into the program. Initial \_\_\_**
2. **I give permission for my child’s pictures and/or videos to be used on bulletin boards, newsletters, Union Baptist Church website and any other marketing program to publicize Christian programs. Names will not be used. Initial \_\_\_**
3. **If a NEW student, please give date of pre-enrollment visit to center: Date:** Click here to enter a date.
4. **I (am a)** [ ]  **Union member** [ ]  **Attend Union**

[ ]  **Member of or attend another local church or place of worship. Where?**

Click here to enter text.

**I understand it is my responsibility to change any information on this form as needed. By the signature below, I am verifying that the above information is true and correct to the best of my knowledge.**

Parent/Guardian Printed Name: Click here to enter text.

# Parent/Guardian Signature: Click here to enter text.

# Date: Click here to enter a date.

Please sign and return to the Union Child Enrichment Center front office.