



# Union Child Enrichment Center Pre-Registration Form

Waiting Date: \_\_\_\_\_

Enrolled: \_\_\_\_\_

**2018-2019**

Child's name: \_\_\_\_\_ Name child goes by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Social Security #: \_\_\_\_\_

Has your child previously attended a similar paid program?  Yes  No

CEC uses Time-Out for discipline.  
What other method works for your child?

Please check one:

- My child is:  Active/Verbal
- Somewhere in-between
- Shy/Quiet

Siblings:  Yes  No Names/Ages:

\_\_\_\_\_  
\_\_\_\_\_

### Parents/Guardian Information

Father (or guardian#1): \_\_\_\_\_ Mother (or guardian #2): \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Marital status:  Married  Divorced  
 Separated  Widowed  
 Single

If separated or divorced who has legal custody?

- Mother  Father  Other \_\_\_\_\_

(court papers are required if the non-custodial parent cannot pick-up)

Email address \_\_\_\_\_

Email address \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone#1 \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #1 \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone #2 \_\_\_\_\_

**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) \_\_\_\_\_ 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 \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information**

Name of insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_

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

Does your child have any hearing or speech problems?  Yes  No If yes, describe:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_
- 3. Has your child had asthma or wheezing?  Yes  No
- 4. Has your child ever had chicken pox?  Yes  No Date: \_\_\_\_\_
- 5. Has your child had allergic skin reactions such as hives, welts, contact dermatitis, etc.?  Yes  No Which ones: \_\_\_\_\_

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:\_\_\_\_\_
4. I (am a)  Union member  Attend Union  
 Member of or attend another local church or place of worship. Where?  
\_\_\_\_\_

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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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