



Union CEC/PDO Registration Form



Initial visit date: _____

Waiting Date: _____

Enrolled: _____

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 program office.