

FIRST PLACE MINISTRIES

FIRST UNITED METHODIST CHURCH OF CARROLLTON

2201 E. HEBRON PKWY. CARROLLTON, TX 75010

(469) 568-1250 OR 1251 FAX (972) 492-6236

Please check if FUMC Church Member _____ and/or CCA School Family _____

2010

Summer MDO

Child Information

Child's Name:	Circle One M or F	DOB:	Age or Grade by 9/1:	Allergies:
Child's Name:	M or F	DOB:	Age or Grade by 9/1:	Allergies:
Child's Name:	M or F	DOB:	Age or Grade by 9/1:	Allergies:
Address:			Home Phone:	

Parent Information

Email Address:			
Mom's Name:		Dad's Name:	
Mom's Cell Phone:		Dad's Cell Phone:	
Mom's Work Phone:		Dad's Work Phone:	

Previous Program Information

Has your child been in a previous program?	Circle One Y or N	If yes, when?	
Name of previous program:		How long attended?	

Church/Referral Information

Do you have a church home?	
Referred to First Place by:	

Class Enrollment

Infants - 2nd Grade

Child:		Child:		Child:	
Registration - 1 Day Program \$60.00 - 2 Day Program \$85.00					
T or Th	\$200.00		T or Th	\$200.00	
Both	\$400.00		Both	\$400.00	

SUMMER REGISTRATION AND TUITION PAYMENT - FOR OFFICE USE ONLY

Total Registration Due:			
Check:		Date:	
Amount:		Initialed:	
Total Tuition Due:			
Check:		Date:	
Amount:		Initialed:	
Check:		Date:	
Amount:		Initialed:	

Emergency Contacts

The following contacts are authorized for said child to be released to or called in the event of an emergency when parents cannot be reached.

Contact 1:

Name:		Phone Number(s):	
Relationship:			
Address:			

Contact 2:

Name:		Phone Number(s):	
Relationship:			
Address:			

Medical Release Statement

In the event of an emergency **I give consent to any licensed physician** to examine, treat and perform any essential, emergency medical and or surgical procedures, determined to be necessary on my child. I also give my consent to the First United Methodist Church of Carrollton, TX. (FUMC) to allow my child to participate in classroom and outdoor activities. I release **FUMC and it's staff members** from any legal or financial responsibility, which might result from any accidental harm or injury to my child, while under the care and supervision of the "First Place" staff. Listed below is information about my child's physician:

Name of Physician:	Phone Number:
Address:	
Name of Hospital:	Phone Number:
Address:	

Signature of Parent or Legal Guardian:	
Notary Signature:	

Notary Stamp:

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If enrolling a school age child K-2nd grade, please complete the field trip release form below.

Field Trip Release Form / Swim Survey

Childs Name:	Date of Birth:
Childs Name:	Date of Birth:

Parents Names:

Home Number:	Cell Number:
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List any medical needs, conditions, allergies:

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Date of Last Tetnus Shot:	
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Swim Survey (K-2nd only)

Please evaluate the following statements and check which one pertains to your child.	
My child can swim/play only in 3 ft water only	
My child <u>can</u> swim/play only in 3-5ft water only	
My child <u>can</u> swim/play only in the entire pool but not dive	
My child <u>can</u> swim/play only in the entire pool and dive/jump off boards	
My child <u>cannot</u> participate in off premise swim outings	

Consent and Release

My child has permission to participate in planned trips away from the classroom. My child may also participate in supervised water activities. I understand that suitable and safety precautions will be taken to insure the health and safety of my child. In case of an emergency I hereby give my consent to any licensed physician to examine, treat or perform any essential, emergency or surgical procedures determined to be necessary on my child. I release FUMC, the employees and parent volunteers from any legal or financial responsibility which might result from any accidental harm or injury to said child while on summer field trips.

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Signature of Parent or Legal Guardian:	
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