

Kids' Morning Out Program
Centenary United Methodist Church
Registration Form
2021-2022

Child's full name _____

Name child is called _____ Birthdate _____

Age as of Aug. 01, 2021 _____

Mother's full name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____

Father's full name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____

Primary Contact email address: _____

Emergency Contacts/ Authorized for Release of Child

(Must have at least **2** from Boyle County):

Name _____

Address _____

Daytime phone _____ Cell phone _____

Name _____

Address _____

Daytime phone _____ Cell phone _____

Name _____

Address _____

Daytime phone _____ Cell phone _____

Days you wish to utilize the program (list 1st, 2nd, 3rd choice)

Mondays _____ Wednesdays _____ Fridays _____

Mon. & Wed. _____ Mon. & Fri. _____ Wed. & Fri. _____

Mon., Wed., & Fri. _____

Are you a member of a United Methodist Church? Yes _____ No _____

Medical Information/Release Form

I (we) authorize: Centenary United Methodist Church
Kids' Morning Out Program
1441 Perryville Road
Danville, KY 40422

Consent to any x-ray, examination, anesthetic, medical/surgical diagnosis or treatment and hospital care to be rendered to _____ under the general or special supervision and on advice of any physician or surgeon licensed to practice in the state of Kentucky, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful.

Signed _____ Date _____
(parent(s) or legal guardian)

Physician _____
Address _____
Phone _____

Dentist _____
Address _____
Phone _____

Insurance Company _____
Group # _____ ID # _____

Please attach a copy of the child's current immunization record to this form. This is available from your child's physician.

Any known allergies, food restrictions, medical conditions, etc. _____

Acceptance / Registration Fee / Withdrawal Notice

Acceptance of this application form and the registration fee of \$45.00 will assure your child a place in the Kids' Morning Out program.

We expect that you will honor your enrollment for the term unless you move from the city or some unusual circumstance makes a mutual agreement to dissolve the contract for the most advantageous arrangement for the child.

I have read the policy statement and the parent fact sheet and agree to abide by these policies. I agree to honor this enrollment as described above. In case I do need to remove my child from the program, I will give two weeks written notice or pay for that time.

Signed _____ Date _____

For Office Use Only:

_____ Application form and fee received. Date _____

_____ Medical Release form signed.

_____ Policy Statement signed.

_____ Immunization record received. Date _____