O'Fallon First United Methodist Church

The Learning Tree

Parents Morning Out

Application/Record of Child Information

Name of Child: _____ **Preferred Name:** _____

Birthdate: _____ **Age:** _____ **Sex:** _____

Parent Information:

Please place a checkmark next to the contact(s) who would like to receive official communication from The Learning Tree (i.e. newsletters, teacher emails, sick child notifications, etc.)

☐ **Parent 1 information:**

Name: _____Relationship: _____

Home Address: _____

Primary Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Email Address: _____

☐ **Parent 2 information:**

Name: _____Relationship: _____

Home Address: _____

Primary Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Email Address: _____

Names/ages/current school of other children living in the home:

_____

_____

_____

_____

Emergency Contacts (other than parents, authorized to drop off and pick-up child):

Name: _____Relationship: _____

Home Address: _____

Primary Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Email Address: _____

Name: _____Relationship: _____

Home Address: _____

Primary Phone: _____ Cell Phone: _____

Work Phone: _____ Other: _____

Email Address: _____

Physician to contact if child becomes ill or injured:

Name: _____

Address: _____

Phone: _____

Choice of Hospital: _____

If the child has any special circumstances, please explain:

Allergies: _____

Medical Problems: _____

Restrictions for Indoor Play: _____

Restrictions for Outdoor Play: _____

Food/Snack Likes: _____

Food/Snack Dislikes: _____

Fears: _____

Legal/Custody Concerns: _____

Is the child toilet trained: Y/N

Does the child regularly take medication: Y/N

If yes, what kind/how often: _____

*If medication needs to be administered at school, a doctor will need to sign an authorization to medicate

Anything else you would like us to know: _____

_____

_____

Consent to Photograph (please initial one)

_____ I give consent to have my child photographed while at O'Fallon First United Methodist Church with the understanding that these photographs may be used in church and Learning Tree publications, websites, and social media. My child's name will not be mentioned in connection with these photos.

_____ I give consent to have my child photographed while at O'Fallon First United Methodist Church with the understanding that these photographs will be for classroom and teacher use only. However, I do not wish for my child's photograph to be used in church and Learning Tree publications, websites, and social media.

_____ I do not wish for my child to be photographed while at O'Fallon First United Methodist Church.

Health Examinations

The State of Illinois, Department of Human Services, Certificate of Child Health Examination must be completed. No other forms will be accepted

_____ I have submitted a copy of my child's up to date immunizations and health examination record in accordance with The State of Illinois, Department of Human Services.

_____ I have not submitted a copy of my child's up to date immunizations record and health examination in accordance with the State of Illinois, Department of Human Services. I understand that I have 30 days from the start of school to submit them. I understand if required paperwork is not submitted, my child will not be able to attend class until proof is submitted. My child's spot may be filled after 30 days.

Parent Name (printed): _____

Parent Signature: _____

Date: _____