

FUMC CHILDREN'S DAY OUT
200 North 15th Street
Fort Smith, AR 72901
CHILD'S PERSONAL DATA SHEET

Please check where you would like your child to be placed:

INFANTS____ Mon.____ Wed.____ Fri.____

TODDLERS____ Mon.____ Wed.____ Fri.____

DISCOVERY TODDLERS Mon.____ Wed.____ Fri.____
(turn 2 between Sept. - Jan.)

DISCOVERY Mon.____ Wed.____ Fri.____
(must attend two days)

Child's name_____ Birthday_____

Father's name_____ Mother's name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Cell phone (mom)_____

Cell phone (dad)_____

Father's place of employment_____ Phone_____

Mother's place of employment_____ Phone_____

Email address_____

EMERGENCY CONTACT INFORMATION

Name of person to call if parent cannot be reached:_____

Phone_____ Cell_____

Relationship to the child_____

Is this person authorized to take child from the center? Yes No

List all other adults with phone numbers authorized to take child from center.

MEDICAL INFORMATION

Child's Physician _____ Phone _____

CONSENT FOR EMERGENCY MEDICAL CARE: (cross out words that do not apply)

I _____ FATHER
WE _____ MOTHER of _____
GUARDIAN

Do hereby request and give consent to the Director or Children's Day Out or her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or her duly appointed representative to transport said child for emergency medical treatment, if parents cannot be reached.

SIGNED _____ WITNESS _____

DATE _____ DATE _____

PLEASE LIST ANY ALLERGIES OR HEALTH AND MEDICAL PROBLEMS WE SHOULD BE AWARE OF:

IF ANY ALLERGIES ARE LISTED PLEASE SEE THE DIRECTOR FOR ADDITIONAL FORM.

A COPY OF YOUR CHILD'S IMMUNIZATIONS MUST BE RECEIVED FOR ENROLLMENT TO BE COMPLETE.

NAMES AND AGES OF SIBLINGS

_____ AGE _____

_____ AGE _____

_____ AGE _____

CDO DISCIPLINE POLICY

First United Methodist programs for children utilize positive approaches to help children behave constructively. Our teachers plan ahead to prevent behavior problems. We use positive reinforcement and encouragement in dealing with children. We are consistent in our expectations. We give clear rules and explain their importance to the children in our care.

In cases of misbehavior, the following procedure will be followed:

1. The objectionable behavior will be stopped and the child will be redirected to a productive activity. If the child's actions need further correction ...
2. The child may be separated from the group, briefly. He/she will be told the reason for the disciplinary act, and be informed of the teacher's expectations. If these procedures are ineffective ...
3. The child may be removed from the classroom and placed with the Director of Children's Day Out for a short time, until he/she is ready to return to the classroom.
4. If further discipline is needed, it will be discussed with the parents.

PHYSICAL PUNISHMENT SHALL NOT BE ADMINISTERED TO ANY CHILD

I have read and do understand the discipline policy of Children's Day Out. I give my permission for the program to use all methods of discipline as stated above.

Parent's Signature: _____

Date: _____

If you disagree with any disciplinary methods stated above, please list your concerns and the discipline methods you prefer.

Parent's Signature: _____

Date: _____