

Surfside United Methodist Church
Child Development Center
800 13th Ave. N
Surfside Beach, SC 29575
843-238-2734
surfsideumc.org

Summer Registration Form
2017

Date _____ Lil Tots ____ 3 day ____ 5 day Promoting to grade _____

Child's Name _____ Date of Birth _____

Parent/Guardian _____

Mother's Place of Employment _____ Work Phone Number _____

Father's Place of Employment _____ Work Phone Number _____

Address _____

Phone Number _____

Mother's Cell _____ Father's Cell _____

Email _____

Emergency Contacts 1. _____

Name Phone #

2. _____

Name Phone #

Allergies _____

Physician's Name _____ Phone # _____

I give permission for my child (or legal ward) _____

To be treated or attended to by authorized medical personnel in the event of an emergency. I, therefore, hold free from liability, Surfside United Methodist Child Development Center, staff, and all attending medical personnel acting according to the accustomed procedure and rendering general and special medical related treatment on the behalf if and for the goodwill of my child (or legal ward).

Mother's Signature _____ Date _____

Father's Signature _____ Date _____

Permission slips and agreements:

I agree to abide by the rules and regulations stipulated in the CDC Handbook.

Parent signature _____ Date _____

Appropriate behavior is expected of all children. The school reserves the right to require the removal of any child who will not conform to this standard.

I have read and agree with the above statement.

Parent Signature _____ Date _____

I give permission for my child's picture to appear on the Church / CDC web site. I understand no names are to be listed on-line.

YES ____ NO ____ Parent Signature _____ Date _____

Medical Emergency Procedure:

Each child **must** have an "Emergency Contact" card on file before the first day of school. This card **must** have at least three different emergency numbers; i.e. the Mother, the Father, and one other name and number. Parents are responsible to notify the school in writing of any changes during the year.

In the event of a non-serious injury, the CDC personnel will administer first-aid as per American Red Cross/Heart Assoc. training procedures and contact the parents if any further treatment is necessary. If no contacts are reached in a reasonable amount of time, EMS will be called if deemed necessary.

In the event of a serious injury, the CDC will immediately contact EMS and a name from the "Emergency Contact Card" and follow the American First-Aid procedures until EMS arrives.

Mother's Signature _____ Date: _____

Father's Signature _____ Date: _____