

My Friends' Place 2016-2017
 First United Methodist Church
 3160 E. Spring Creek Parkway Plano, TX 75074
 Phone (972) 423-4910 Fax (972) 633-9126
Director: Jessica Hiatt

Date of Admission _____
Date of Withdrawal _____
Amount Due _____
Amount Paid _____
Check # _____

Student Information

Last Name	First Name	Goes By	Date of Birth	Age as of 9/1/16	Grade 2016-2017	Sex (M/F)
Home Address			City	State	Zip Code	Home Phone #

Parent Information

List telephone numbers where parents/guardians may be reached while child is in care.

Parent 1	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Guardian	Parent 2	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Parent	<input type="checkbox"/> Guardian
Last Name					Last Name				
First Name					First Name				
Home Address (if different from student)					Home Address (if different from student)				
Home Phone #					Home Phone #				
Cell Phone #					Cell Phone #				
E-Mail Address					E-Mail Address				
Employer Name					Employer Name				
Work Phone #					Work Phone #				

Pick Up List (other than parents)

I hereby authorize the Weekday Program/My Friends' Place to allow my child to leave **ONLY** with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name	Phone #	Name	Phone #

Are there any people who might try to call for your child, who for legal or other reasons that you have discussed with the Director, may not take the child? no yes Who?

If this person is a parent, we **MUST** have a copy of the custody agreement on file.

CHECK ALL THAT APPLY:

1. **FIELD TRIPS/TRANSPORTATION:** I hereby give do not give - my consent for my child to be transported and supervised by facilities staff in church vans/buses on to and from school and on field trips. All field trips will be announced at least 48 hours in advance.
2. **WATER ACTIVITIES:** I hereby give do not give - my consent for my child to participate in water activities. splashing pools/wading pools swimming pools other bodies of water provided by the facility.
3. **SCHOOL AGE CHILDREN:** My child attends the following school and the school and all immunizations and tuberculosis test are current. Vision and Hearing screening records are also on file.

Name of School **and** Address School Phone #
4. **WEEKDAY PROGRAM POLICIES:** I have reviewed a copy of the Weekday Program/My Friends' Place Parent Handbook. I have read, understood and agree to abide by the policies as stated in this document, including those for discipline and guidance. http://weekdayprogram.com/files/Parenthandbook_2015.pdf
5. **IMAGE USE:** I authorize the Weekday Program/My Friends' Place to use (non-identifiable) photographs and class work of my child for church use and school publicity.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the Weekday Program/My Friends' Place to secure any and all necessary emergency medical care for my child.

Name of Physician or Medical Care Facility:	Address:	Phone #:
Name of Dentist:	Address:	Phone #:
Insurance Company:	Policy Number:	Phone #:

List any known **allergies** (that we should post), **special nutritional needs**, **existing illness/diagnosis**, previous serious illness and injuries, hospitalizations during the past 12 months. Include medications prescribed for continuous, long term use, and any other information which staff should be aware of: _____
 No Known Allergies

EMERGENCY CONTACT NUMBERS (other than parents)

Give the name, address and phone number of person(s) to call if parents or guardian cannot be reached.

Name:	Address:	Phone #:	Relationship

Parent Enrollment Agreement

Please read each statement below then sign and date in the space provided, as agreeing to understanding these policies and all outlined in our Parent Handbook.

I have reviewed a copy of the Weekday Program/My Friends' Place Parent's Handbook found on the Weekday Program Website http://weekdayprogram.com/files/Parenthandbook_2015.pdf. I have read, understood and agree to abide by the policies/procedures as stated, which includes the following:

- MFP operates from 2:45 p.m. to 6:30 p.m. on school days, and 7:00 a.m. to 6:30 p.m. on some designated full-days.
- A late fee of \$1.00 per minute per child left will be assessed after 6:30 p.m.
- My child will be released only to persons I have officially authorized.
- MFP cannot provide care for sick children, and I agree to comply with the program's written policies concerning illness.
- Medications must be in the original container (prescription or over-the-counter) and parents must complete an Authorization for Medication form.
- MFP cannot be responsible for personal belongings, including jewelry, money, electronics and special items brought to school.
- A copy of the State of Texas Minimum Standard Rules for Child-Care Centers is available for review along with the center's most recent Licensing Inspection Report.
- The MFP staff is obligated to report any suspicion of child abuse.
- A child may be dismissed if MFP is unable to meet the physical, mental, or emotional needs of the child, or the parents do not comply with MFP policies.
- Two weeks' notice is required for withdrawal from the program. Without notice, the family is responsible for full tuition payment.
- No refunds or make up days will be offered if my child misses school due to illness, or school closings due to weather or other unforeseen circumstances.

Signature – Parent or Legal Guardian

Date