



Registration Number \_\_\_\_\_

# Registration Form

## CHILD 1: INFORMATION

First and Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Currently enrolled in the TLC program? \_\_\_\_\_ YES \_\_\_\_\_ NO

### SUMMER ATTENDANCE (\$25 Registration Fee Required)

\_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday

### FALL ATTENDANCE (\$50 Registration Fee Required)

\_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

## CHILD 2: INFORMATION

First and Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Currently enrolled in the TLC program? \_\_\_\_\_ YES \_\_\_\_\_ NO

### SUMMER ATTENDANCE (\$25 Registration Fee Required)

\_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday

### FALL ATTENDANCE (\$50 Registration Fee Required)

\_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

## CHILD 3: INFORMATION

First and Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Currently enrolled in the TLC program? \_\_\_\_\_ YES \_\_\_\_\_ NO

### SUMMER ATTENDANCE (\$25 Registration Fee Required)

\_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday

### FALL ATTENDANCE (\$50 Registration Fee Required)

\_\_\_\_\_ Tuesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

The receipt of all registration forms and the non-refundable registration fee(s) confirms that the child listed above is registered. You will be notified of your child's enrollment and placement. In return, you acknowledge that you have read and will honor the TLC Policies (located online at ([russellvillefirst.org/tlcregistration](http://russellvillefirst.org/tlcregistration)), give permission for your child to be photographed (for social media and the church website), and that authorization for the disclosure of Immunization Records is given to the TLC Director.

I agree to the above terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE:

Received:	PDS	SDO Rego Fee	Fall Rego Fee	Total Due
Child's name _____	____	_____	_____	_____
Child's name _____	____	_____	_____	_____
Child's name _____	____	_____	_____	_____
_____	____	_____	_____	_____

PayPal \_\_\_\_\_ Cash Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Total Due =====

Discipline Policy \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_



## The Little Church (TLC) Child's Personal Data Sheet

### 1: FAMILY INFORMATION

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (home) \_\_\_\_\_

Father's Employer \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Father's Work Days and Hours \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Mother's Work Days and Hours \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Member of Russellville First United Methodist Church Russellville? \_\_\_\_\_YES \_\_\_\_\_NO

### 2: EMERGENCY CONTACT INFORMATION (Information for each contact must be complete)

Name of primary contact person to call *if parents cannot be reached* \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO Is this person authorized to take the child from the center?

List and **complete all information** for any **other** adults who are authorized to take the child from the center. If you need to add more contacts please attach information to this form.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **3: MEDICAL INFORMATION – MUST BE COMPLETED FOR EACH CHILD**

Child's First and Last Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Wants to be called (Nickname) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Clinic or Emergency Treatment Facility \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_  
(child's name), do hereby give my consent to the Director of TLC or his/her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent(s) or guardian cannot be reached. Consent is also given for the Director or his/her duly appointed representative to transport said child for emergency medical treatment, if the parent(s) or guardian cannot be reached.

**4: IMMUNIZATIONS** Please provide a copy of your child's immunization record.

**5: DISEASE HISTORY** (check all that apply)

\_\_\_\_ Measles                      \_\_\_\_ Mumps                      \_\_\_\_ German Measles                      \_\_\_\_ Chicken Pox

\_\_\_\_ Whooping Cough                      \_\_\_\_ Contracted Tuberculosis                      \_\_\_\_ Defective heart

\_\_\_\_ Frequent ear infections                      \_\_\_\_ Frequent throat infections

Other conditions or comments \_\_\_\_\_

### **6: CHILD'S DEVELOPMENTAL NEEDS**

Physical or emotional problems the child might have \_\_\_\_\_

Medications \_\_\_\_\_

**Allergies** \_\_\_\_\_

Special problems

\_\_\_\_ Temper tantrums                      \_\_\_\_ Diabetes                      \_\_\_\_ Frequent Colds                      \_\_\_\_ Biting

\_\_\_\_ Sun Sensitivity                      \_\_\_\_ Seizures                      \_\_\_\_ Fainting Spells                      \_\_\_\_ Bed Wetting

Other \_\_\_\_\_

Requires help in:

\_\_\_\_ Dressing                      \_\_\_\_ Undressing                      \_\_\_\_ Toileting                      \_\_\_\_ Eating                      \_\_\_\_ Washing Hands

Is child toilet trained? \_\_\_\_ Yes                      \_\_\_\_ No                      Words used in toileting \_\_\_\_\_

Siblings? \_\_\_\_ Yes                      \_\_\_\_ No                      Name of sibling(s): \_\_\_\_\_

Other useful information \_\_\_\_\_

I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date