

**Buda Methodist Child Care Center**  
**ENROLLMENT INFORMATION**

Child's Name _____ DOB: _____ Date of Admission _____		
Child's Address _____		Ph# _____
Parent's or Guardian's Name _____		Hrs/days in care _____
(Please include mom and dad's name if it applies)		
Address (if different) _____		
Phone #'s while child is in care:		
Mother _____	Father _____	Guardian _____
Person to contact (if can't reach parent) Address & Phone# _____		
_____		
<i>( Make sure to include the address of the emergency contact person. (State Standard</i>		
I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons ( <b>include day phone numbers</b> )		
_____ / _____ / _____		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness or injuries or hospitalizations during the past 12 months, any medication prescribed for continuous long-term use, and any other information which staff should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:		
<b>Name of Physician:</b> _____	<b>Address</b> _____	<b>Ph#</b> _____
<b>Name of Hospital</b> _____	<b>Address</b> _____	<b>Ph#</b> _____
<b>I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.</b>		
_____ Parent/Guardian Signature)		

**TRANSPORTATION:** ( ) I give BMCCC staff permission to transport my child on field trips. ( ) I do not give BMCCC staff permission to transport my child on field trips.

**WATER ACTIVITIES:** I hereby ( )give ( ) do not give my consent for my child to participate in water activities: The only water activities provided at jBMCCC is sprinkler play. We never have splashing or wading pools.

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**SCHOOL AGE CHILDREN:** My child attends the following school and his/her immunization record is on file at the school and **all** immunizations and tuberculosis test results are current.

Name of school \_\_\_\_\_ Ph# \_\_\_\_\_

I give my permission for my **school age child** to ride a bus or walk to or from school or home, or to be released to the care of a sibling under 18 years old, if applicable.

\_\_\_\_\_  
Signature of Parent

**All of the information above and attached must be filled out completely. Please DO NOT leave any blanks. If it does not apply to you please mark the blank with an N/A. In order for your child to attend the center you must have an emergency contact person and number listed on the front of this form.**

**The attached Health/immunization form must be completely filled out with immunizations and the doctor statement signed BEFORE your child can begin attendance at the center.**

*If you are enrolling a 4 year old in the center you must also provide a hearing and vision screening. Most pediatricians do these at the 4-year well check. If your child is not yet 4 but will be soon, please make sure to bring us this within 2 weeks of their 4 year birthday.*

I understand that the center periodically takes pictures throughout the center. I ( )give ( ) do not give my permission for the center to use pictures with my child in them on the center website.

\_\_\_\_\_  
Parent Signature