

Union Cross Moravian Church
Childcare Form

CHILD'S APPLICATION FOR CHILD CARE

Name of Child _____ Birth date _____

Address _____ Zip Code _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Cell Phone _____ Home _____

Email : _____ (Almost all summer communications are done via email.)

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Cell Phone _____ Home _____

Email : _____ (Almost all summer communications are done via email.)

Address _____ Zip Code _____

Where Employed _____ Business Phone _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No ___ Yes ___ Explain: _____

Does your child have any chronic illnesses/conditions: No ___ Yes ___ Explain: _____

Please give any information concerning your child which will be helpful in his experience in group setting
(Such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Address _____

Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name _____ Home Phone _____ Office Phone _____

Name _____ Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent) (Date)

Field Trip Release

I/We hereby give Union Cross Moravian Church Summer Camp Program permission to take my child _____ off the premises. Transportation will be provided for any and all field trips or excursions that will take place during regular childcare hours.

* If any release forms are needed for a trip they will need to be returned before the field trip. Otherwise, I understand that my child will not participate. I also understand that, due to legal issues, a staff member will not and can not sign a release form for your child in case they do not have one.

_____ Date _____
Parent or Legal Guardian Signature

Photo/Video permission:

I give the staff at UCMC Summer Program permission to photograph/video my child. The photos/video may be printed or displayed for public viewing. On occasion we may post a photo on the church’s website to show the going’s on of the program. We may use the photos/video in craft projects or promotions for the program.

_____ Date _____
Parent or Legal Guardian Signature

Sunscreen Permission Slip

I give the UCMC staff permission to apply sunscreen as needed throughout the summer on my child that I have supplied. I understand that the staff may only apply sunscreen that I have brought in for my child.

_____ Date _____
Parent or Legal Guardian Signature

Permission to administer OTC/Emergency Medication

My child needs to have _____ when _____ (Benadryl for allergic reactions etc) I will supply this medication and keep it up to date. I do not hold the Staff at UCMC responsible for any reactions that may occur from this medication

_____ Date _____
Parent or Legal Guardian Signature