

**MOUNT CARMEL BAPTIST CHURCH CHILD DEVELOPMENT CENTER
ENROLLMENT FORM**

Child's Full Name _____ Nickname _____

Birthday (M/D/Y) _____ Current Age _____ Is your child toilet trained (Yes/No) _____

Place of birth (city/state in U.S. or City/Country outside of U.S.) _____

Time your child will arrive _____ Go home _____ Known Allergies _____

Mother _____ Father _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

E-mail Address _____ E-mail Address _____

Where Employed _____ Where Employed _____

Phone _____ Hours _____ Phone _____ Hours _____

Status of Natural Parents: _____
Married Separated Divorced Widowed

Is there a court order restraining any person(s) from requesting custody, dismissal or seeing your child? _____ Yes _____ No If
yes a copy of the court order must be kept in child's file.

Please list names of persons below who are authorized to pick up children other than parent. Child will not be permitted to leave the center with anyone else without written permission from parents. All persons authorized to pick up children from the Center should be prepared to present picture I.D. to a staff member.

Name/Phone _____ Name/Phone _____

Name/Phone _____ Name/Phone _____

Name of person, other than Director, authorized to act in an Emergency...

Name _____ Phone _____

Where employed _____ Work phone _____

Has your child been in child care previously? _____ Where? _____

Anything additional we should know about your child? _____

Type of Program you are enrolling your child in:

_____ Full time (Monday-Friday 6:30 a.m.- 6:00 p.m.)

_____ Morning Preschool (Monday- Friday 8:00a.m.- Noon)
Morning preschool only offered to toilet trained 3-4 yrs.

_____ Infant/Toddler (**please provide schedule**) _____ 2 yr. _____ 3 yr. _____ 4 yr.
Morning preschool only offered to toilet trained 3-4 yrs.

CHILD'S HEALTH HISTORY CHECKLIST

		Child's Name	Birthdate	Parent/Guardian Name
Yes	No	Has your child ever been in the hospital overnight?		
Yes	No	Is your child taking any medications?		
Yes	No	Any allergies or reactions to medicine, DTP or other shots, or insects?		
Yes	No	Has your child had asthma or wheezing?		
Yes	No	Does your child have speech or hearing problems?		
Yes	No	Has your child had more than two ear infections in a year?		
Yes	No	Has your child had tonsillitis?		
Yes	No	Does your child have trouble with his/her eyes or seeing?		
Yes	No	Has your child had a bladder or kidney infection?		
Yes	No	Does he/she have burning when urination?		
Yes	No	Does he/she have seizures, fits, or shaking spells?		
Yes	No	Have you ever been told your child has a heart murmur?		
Yes	No	Is your child able to play as hard as other children?		
Yes	No	Has your child ever had a bumpy, swollen reaction to the TB skin test?		
Yes	No	Has your child ever been with anyone having TB?		
Yes	No	Has your child ever had worms?		
Yes	No	Is your child a hemophiliac (free bleeder)?		
Yes	No	Is your child on a heart monitor?		
Yes	No	Does your child have tubes in his/her ears?		
Yes	No	Does your child have any special problems not indicated above?		
If Yes, please explain _____				

When did your child last see a doctor? _____				

STATEMENT OF COOPERATION

I understand that the policy of Mount Carmel Baptist Church Child Development Center is to make no refunds on registration or book/supply fee. I agree to hold the school and its agents blameless because of injury or alleged injury except in the case of proven negligence. If for any reason, should legal action be taken against Mount Carmel Baptist Church Child Development Center or any employee or agent thereof on my child's behalf, and the school or its agent not be found at fault, I agree to pay any attorney's fees, court fees, damages or other costs that Mount Carmel Baptist Church or its agent may incur to defend itself against such action.

I have received a copy of the Policy Statement, Objectives, Schedule of Fees and a copy of the “Summary of Licensing Requirements for Child Care Centers”. I have read and agree to the terms of this contract set forth by Mount Carmel Baptist Church Child Development Center.

I understand that should any information on this registration change, it is my responsibility to have a corrected application and statement of cooperation updated, signed, and delivered to Mount Carmel Baptist Church Child Development Center.

This statement of cooperation will be in effect for as long as my child attends Mount Carmel Baptist Church Child Development Center.

Sign _____ Date _____
Parent/Guardian

Sign _____
Parent/Guardian Date

Sign _____
Director, C.D.C. _____ Date _____

OFFICE USE ONLY

Child's Name _____

Date child enrolled _____

Date child withdrawn_____

Reason for withdrawal

Pre-Enrollment visit was conducted by _____ on _____.

EMERGENCY MEDICAL TREATMENT CONSENT FORM

I (the parent) hereby give Mount Carmel Baptist Church Child Development Center permission to provide first aid care for my child, _____. In the event I (the parent) cannot be reached, I (the parent) hereby authorize the Mount Carmel CDC to transport my child to the emergency room of T.C. Thompson Children's Hospital unless another hospital is specified below. I (the parent) hereby grant my consent for the hospital and its medical staff to provide my child with any emergency medical treatment a physician deems necessary (including anesthesia). I (the parent) agree to accept financial responsibility for all medical expenses incurred.

Please list any health problem, medication, allergies and anything that we as caregivers should be aware of:

Child's Doctor Name _____ Phone _____

Hospital _____ Address _____

Name of Insured _____

Hospital Insurance Company _____

Insurance Number _____ Plan _____

Sign _____
Parent/Guardian Date

Sign _____
Parent/Guardian Date



Photo Release

I, _____, do hereby give permission to Mount Carmel Baptist Church to use my child's photograph, photographic image, or video image for use in the Mount Carmel C.D.C Newsletter, C.D.C. private Facebook group, and the Mount Carmel Baptist Church Website whether in still or motion (www.mountcarmelbaptist.com). It is agreed that the use of our photograph or photographic image, and/or shall in no way be used in any other forum other than for official church business.

I hereby waive any right that I may have to inspect or approve the finished product and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless Mount Carmel Baptist Church, their staff, employees and officers, from any and all demands, cause of action, past or future and any damages that could arise from the use of this photograph or photographic image for the use of Mount Carmel Baptist Church.

This release will be kept on file in the Child Development Center office of Mount Carmel Baptist Church.

Signature _____ Date _____

Child's Name(s) _____ Date _____



STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403
TELEPHONE: 615-3134700 FAX: 615-7414165
TTY: 1-800-27(M349)

PHIL BREDESEN
GOVERNOR

VIRGINIA LODGE
COMMISSINER

Influenza Information Notification Form

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agency the importance of immunizing their children against influenza. The Department of Human Service works with the child care agencies to ensure that this information is distributed annually in August or September.

II. We acknowledge that we have received information on the **importance** of immunizing children against influenza.

Signature of Parent or Legal Guardian Date

Signature of Parent or Legal Guardian Date

Signature of Agency Representative Date

Personal Safety Curriculum Notification

Since 1985, Tennessee law has required that children in child care agencies receive annual instruction in personal safety, including child sexual abuse prevention. The personal safety curriculum shall include a Tennessee Department of Human Services (TDHS) recognized component on the prevention of child abuse.

Public Chapter 1032 passed by the General Assembly in 2008 requires that child care agencies have a

personal safety curriculum, including a child sexual abuse component, for children enrolled in the agency, and that parents/legal guardians be informed about the curriculum, methods and terminology that will be used in teaching children about personal safety. TDHS was directed to provide guidelines for this curriculum, but individual child care agencies may choose a curriculum that accomplishes the same goal, and may use different terminology in the curriculum. The child care agency is required to allow parents/legal guardians to review and ask questions about the curriculum, and to meet with representatives of the child care agency if they have questions.

In addition, the child care agency must obtain from parents/legal guardians a form acknowledging that they have been notified of the child sexual abuse/personal safety curriculum being used by the child care agency in which the child is enrolled. A copy of the form is required to be maintained in the child's record.

"Keeping Kids Safe" is the sample personal safety curriculum offered by TDHS. This curriculum takes a holistic approach to the safety of children. The curriculum is composed of the following units: Self Esteem, Family & Friends, Feelings, Problem Solving, Personal Safety (general) and Personal Safety (four to five (4-5) year olds), and Safety Around Me. All sessions begin with group time and are followed by supplemental activities that give children additional practice in understanding the concepts. The curriculum uses hand puppets to serve as a group motivator and to introduce the stories. Together staff and parents decide what terminology to use when referring to the genitals, either the correct anatomical terms or the general term "private body parts" as specified below.

Child care agencies please provide an answer for the questions that follow.

1. Identify the personal safety curriculum used by your agency:



"Keeping Kids Safe" is the personal safety curriculum used by our child care agency.



Our agency uses another personal safety curriculum described below:

Method of Instruction: *Mama Bear Effect*

DHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

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Page 1 of 2

2. For all personal safety curriculum, please provide the sample anatomical terminology to be used:

Sample Terminology:

Private areas- areas covered by a swim suit.

Ages 4 and 5 years old will be taught correct anatomical terms
(girls and boys will be taught separately)

Girls terminology: breast, vagina, and bottom

Boys terminology: penis and bottom

The instructional materials used in the agency personal safety curriculum are available for review by the parents or legal guardians.

I/We acknowledge that we have been provided an opportunity to review the agency's personal safety curriculum, and have been notified of the sexual abuse/personal safety curriculum for our

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Agency Representative

Date