



St. Paul Community Church MDOP 2018-2019 Application

\$80 Supply/Registration Fee: Check # _____
(Non-refundable)

Allergies:

Gender: ____F ____M

Parental Information

Child's Name _____ Date of Birth ___/___/___

Child likes to be called _____

Address _____ City _____ Zip _____

Home phone _____ Preferred Contact Phone #: _____

Mother (or Legal Guardian): _____

Cell #: _____ Work #: _____

Email: _____ Occupation _____

Father (or Legal Guardian): _____

Cell #: _____ Work #: _____

Email: _____ Occupation _____

Custodial Parent if divorced _____ Copy of the Custody Order: Yes ___ No ___

Family living in the household:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Relationship: _____

Name _____ Relationship: _____

Church/Religious affiliation: _____

How did you learn about us? _____

Language spoken at home: _____ For the safety of your child and others,
does your child understand/respond to basic English commands, disciplinary & emergency terms? _____

Health History / Personal Information

This information is totally confidential and will be seen only by those teaching your child.

Allergies?: _____

How severe: _____

Any ongoing health issues which might affect them on a daily basis:

Asthma Diabetes Frequent earaches Bladder
 Heart Developmental delay Seizures Hemophilia

Has your child had health problems in the past? _____

Does your child take any medications regularly? _____

Is your child currently involved in any special program, such as speech, hearing, or behavioral therapy?

Any physical limitations, walking, running or moving: _____

Any vision problems: _____ Hearing problems: _____

Was your child premature: _____ At what age did they crawl: _____ Walk: _____

Eating:

Is your child on any restricted diet? _____

Any issues with feeding self: _____

Sleep Habits: Naps _____ to _____ time

Do they sleep in dark room: Sound machine/music: Rocked: Bottle: Pacifier:

Attitude toward going to bed: _____ Require special blanket or lovey: _____

Social Development:

Does your child have an opportunity to play with other children: _____ Do they play well with others: _____

Does your child play well alone? _____ What age do they play with most: _____

Is your child: Friendly-Outgoing Shy-Quiet Withdrawn Somewhat Aggressive Active-Busy

Anything frighten your child: _____

When your child is upset, what is most likely to calm or comfort them: _____

Bathroom Habits:

Is your child: In Diapers or Pull-ups Beginning to potty train Fully potty trained*

* Fully potty trained includes being able to take care of wiping, and pulling up clothing.

What words are used for needing the bathroom: _____ Urinating _____ BM

Do they tell you when they need to go and do they go willingly: _____

Discipline: What means of discipline works best with your child **excluding physical** punishment?

Emergency Information

Child's Name: _____

Pediatrician's Name _____ Phone _____

Pediatrician's Address _____

Are there any written medical instructions that should be on file at St. Paul MDO? ___Yes ___No

Name of person/s authorized to act for parents in case of an emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In consideration for being accepted by St. Paul Community Church, the "church" for participation in the Mother's Day Out Program, "MDOP", in the year 2018-19, the undersigned, being the lawful parent(s), and or legal guardian(s) of the child listed below, I/We hereby grant permission for my child to use all the play equipment and participate in all of the activities and events related to the school. Further, I/We assume all risk of injury of harm to the child associated with participation in the MDOP, its staff, employees, directors and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child. I/We hereby grant permission for the Director or teacher to take whatever steps may be necessary to obtain emergency medical care, if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian and of authorized use of EPI Pen/Inhaler as instructed.
2. Attempt to contact child's physician.
3. Attempt to contact the child's parent or guardian through any of the persons listed on any part of this application.
4. If we are unable to contact you or your child's physician, we will do any or all of the following:
 - a. Contact another physician or clinic.
 - b. Call an ambulance or paramedic
 - c. Have the child taken to an emergency hospital in the company of a staff member.

Hospital Preference: Vanderbilt Children's _____ Centennial Children's _____ St. Thomas/Midtown _____
Other _____

In securing emergency medical care, I hereby give permission to the church and MDOP to otherwise act on my behalf when I cannot be reached and/or when delay would be dangerous, in order to protect my child, in case of illness or accident, including the administration of anesthesia if surgery is advised by a hospital physician.

Any expenses incurred under #4 above will be the responsibility of the child's family. Neither the church or MDOP will be responsible for anything that may happen as a result of false or incomplete information given on this application or at the time of enrollment.

Please have your child's pediatrician send a statement that your child is well at the time of enrollment, along with a completed up to date Tennessee Immunization form. These may be sent in or brought to MDOP before school begins in September or on the first day of enrollment during the year.

Signature of Mother/Legal Guardian _____ Date: _____

Signature of Father/Legal Guardian _____ Date: _____

Photography Waiver

Periodically MDOP/Church would like to use photos of the children for our Web Page, slide presentations or newsletter. Please sign this waiver to indicate if you authorize MDOP/Church to use your child's image in this manner

I hereby: Authorize Do Not Authorize

Directory Waiver

MDOP will publish a directory of your personal information (name, address, phone numbers and child's birthday) for distribution to school parents and teachers. Please note below for permission or decline for your information to be included in this publication.

Authorize publication Decline publication

SPCC MDO Pickup Authorization

The following people other than parents are authorized to drop off and pickup my child from MDOP:

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

I, the undersigned parent and legal guardian of the child named in the form, hereby make application to MDOP for this child to be enrolled. I agree to abide by the rules and policies stated in the handbook and I understand any changes of information given above will be entered immediately and initialed.

SIGNATURE OF PARENT OR GUARDIAN

DATE