



Federated Church

Where individual belief and a vibrant faith community meet.

2400 Sycamore Lane  
West Lafayette, IN 47906

(765) 463-5564  
www.federatedchurch.net

# ~REGISTRATION FORM~

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*month day year*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Siblings' Names and Ages: \_\_\_\_\_

Child's previous school, childcare or group-care experience: \_\_\_\_\_

What special interests does your child have? \_\_\_\_\_

Is there anything that would be helpful for us to know about your child, such as allergies, fears, habits, medications, etc.?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

*(the person we should contact if we cannot reach you in an emergency)*

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ~PARENT/GUARDIAN AGREEMENT~

I affirm that I have the authority to enroll

\_\_\_\_\_ *child's name (please PRINT)*

in the *Federated Church Mom's Time Out* (MTO) childcare program.

- I agree to pay the fee of \$18 per session (\$12 for each additional child from the same immediate family) and understand that payment of this fee is required even if the child is unable to attend his/her scheduled session.
- I agree to pay an additional "late" fee if my child is not picked up on time and understand that I may be asked to withdraw my child from MTO if I am tardy.
- I agree to keep my child home if there is any sign of illness or communicable disease.
- I agree to provide emergency telephone numbers where I and another trusted person can be reached while the child is in the care of our MTO staff, and hereby give permission to MTO to seek emergency medical care for my child in the event of an accident, illness or injury if I cannot be contact immediately.
- I agree to release Federated Preschool, Federated Church, its officers, coordinators, directors, members and employees from and against any claims and liability arising out of the operation of the Preschool.

Parent or Guardian: \_\_\_\_\_  
*signature*

\_\_\_\_\_ *name (PRINTED)*

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