



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~

2019-2020 Academic Year

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 \$20 per session (\$15 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: _____