



# McFarlin Children's Day Out

## Child Information and Application for Enrollment

Name of Child: \_\_\_\_\_ Gender: \_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cellular phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cellular phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Church: \_\_\_\_\_ City, State: \_\_\_\_\_

Name and Phone Number of other Person(s) allowed to pick up child:

_____	_____
_____	_____
_____	_____
_____	_____

Attach a copy of the immunization record or follow the Oklahoma State Department of Health \*exemption procedures. Keep your child's immunizations current. Give updated immunization record copies to McFarlin Children's Day Out.

A child two months of age and older cannot be admitted to a child care facility unless the parent presents certification from licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time. \*Only medical exemptions will be accepted.

Child's Physician or Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your child allergic to any foods, medication, etc? If yes, please describe:

\_\_\_\_\_

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Describe any special precautions for diet, medication, or activity, if applicable:

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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I give permission to the child care staff to consult with health and child development professionals regarding my child's needs. McFarlin will seek specific written permission prior to speaking with medical and school related individuals. \_\_\_\_\_

I give permission for my child to be transported to the nearest medical facility, if a medical emergency occurs and I cannot be reached. \_\_\_\_\_

I give permission for my child to be transported for field trips. \_\_\_\_\_

I give permission for videotapes and/or photographs of my child to be used by McFarlin Memorial United Methodist Church and Children's Day Out for the purpose of identification, education or promotion in both internal/external publications. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Enrollment Selections

CDO provides two separate sessions throughout the year: Summer Session and School Year Session. Enrollment placements will be made individually for the two separate sessions.

Please circle the desired day/s you would like your child to attend, for each session.

Days elected on the enrollment application are not guaranteed.

2021 SUMMER SESSION				
M	T	W	Th	F

2021/2022 School Year Session				
M	T	W	Th	F

### **Tuition and Fees**

Nonrefundable Enrollment and Supply Fee (per session):

- Summer Session \$50
- School Year Session \$100
- Tuition: \$100/Month (per day)\*

\*This price is for 1 day per week. 2 days per week would be \$200/month, etc.

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Child Care Program Use

Date child enrolled: \_\_\_\_\_

Date child entered program: \_\_\_\_\_ Date child withdrawn: \_\_\_\_\_

Enrollment and Supply Fee: \_\_\_\_\_ Waiting List Fee: \_\_\_\_\_