

**First United Methodist Church Child Development Ministry  
REGISTRATION FORM**

**Please Check Program Desired:**

- |   |   |
|---|---|
| <input type="checkbox"/> Infant class                         | <input type="checkbox"/> 3-year-old Preschool |
| <input type="checkbox"/> 1-year-old class                     | <input type="checkbox"/> 4-year-old Preschool |
| <input type="checkbox"/> 2-year-old class                     | <input type="checkbox"/> 4K Preschool         |
| <input type="checkbox"/> After-School Care School Age         | <input type="checkbox"/> 4k Afterschool       |
| <input type="checkbox"/> Summer Recreation Program School Age |   |

\*Registration fee for summer only recreation program is \$75.00.

\*Registration fee for all other classes is \$125.00.

Date \_\_\_\_\_ Child's Name \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Was your child premature?  Yes  No If yes, how many weeks? \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State SC Zip Code \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

Names and ages of other children in family: \_\_\_\_\_  
FUMC Members?  Yes  No, Religious Affiliation \_\_\_\_\_

In the event you are unable to pick up your child at CDM, list the names of approved pick up persons to whom your child may be released. Children are only released to authorized persons with a valid picture id. See the CDM Parents' Handbook. 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

**EMERGENCY NUMBERS** (These will be used in the event we are unable to contact parents):

Name _____	Phone _____
Name _____	Phone _____
Doctor _____	Phone _____
Dentist _____	Phone _____
Insurance Company Name _____	
Insurance Company Phone Number _____	
Policy Holders Name _____	
Policy Number _____	

In case of an accident or serious illness, I request CDM to contact me. If I cannot be reached, I authorize CDM to make whatever arrangements seem necessary.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Does your child have any allergies or special needs? Please describe.

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

I consent to the use of my child's photograph in any student teaching activities required by community schools and universities. I also consent to use my child's photograph on CDM's website and other social media as part of activities and events posting. If permission is not granted, indicate by writing "NO" below and signing.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Discipline Policy and Center Policy Agreements**

The use of corporal punishment is strictly prohibited on the premises of this facility or away on any facility sponsored field trip.

Any staff found guilty of administering corporal punishment as a representative of this facility will be dismissed. Parents using corporal punishment at the facility or on a facility sponsored field trip may be barred from the facility except to deliver and pick up their child or their childcare spot may be depending on the severity.

Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes but is not limited to spanking, slapping, biting, and/or shaking.

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, a positive approach to discipline is used and this childcare facility will practice the following discipline and behavior management techniques.

### **WE DO:**

- Use Conscious Discipline
- Communicate to children using positive statements
- Communicate to children on their level
- Talk with children in a calm quiet manner
- Explain unacceptable behavior to children
- Give attention to children for positive behavior
- Praise and encourage the children
- Reason and set limits for the children
- Apply rules consistently
- Model appropriate behavior
- Set up the classroom environment to prevent problems
- Provide alternatives and redirect children to acceptable activity
- Give children opportunities to make choices and solve problems
- Help children talk out their problems and think of solutions
- Listen to children and respect the children's needs and feelings
- Provide appropriate words to help solve conflicts
- Use storybooks and discussion to work through common conflicts

**WE DO NOT:**

- Inflict corporal punishment in any manner upon a child's body
- Spank, hit, shake, bite, pinch, push, pull, slap or otherwise physically punish children
- Use cruel, harsh, unusual, humiliating or frightening methods of discipline, including threatening the use of physical punishment
- Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children. A harsh tone is considered verbal abuse
- Shame or punish the children in front of others
- Embarrass children in front of others
- Compare children
- Deny food, rest, or physical activity as punishment
- Relate discipline to eating, resting, or sleeping
- Place children in a locked and/or dark room
- Leave the children alone, unattended or without supervision
- Allow discipline of children by children
- Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups

Employees of the Child Development Ministry will follow the practice of Conscious Discipline.

What is Conscious Discipline? Conscious Discipline® is a comprehensive classroom management program and a social-emotional curriculum. It is based on current brain research, child development information, and developmentally appropriate practices.

Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate childcare services for that particular child.

**My signature below indicates that I have received a copy of the CDM's Discipline Policy and the Child Development Ministry Parent Handbook, including the Nutrition and Physical Development policies and agree to follow all policies as outlined in these documents. I have read and understand the policies and the consequences of violation of the policy.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



PARENT'S AUTHORIZATION FORM  
Child Development Ministry

Child's Name \_\_\_\_\_

**Please refer to the Child Development Ministry's Parent Handbook for policies concerning the following:**

**A. DISCIPLINE:**

Does this day care use corporal punishment as discipline? \_\_\_ YES \_\_\_ **X** NO

Do you understand the discipline policy of this day care? \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
*Parent's Signature* *Date*

**B. MEDICINE:**

CDM staff will not administer prescription or over the counter medicine to the child with the exception of epi-pen and breathing treatment/inhaler.

\_\_\_\_\_  
*Parent's Signature* *Date*

**C. EMERGENCY MEDICAL TREATMENT:**

I give permission to Child Development Ministry to obtain emergency medical treatment for my child.

\_\_\_\_\_  
*Parent's Signature* *Date*

**D. PERSONS AUTHORIZED TO TAKE MY CHILD FROM THE CHILD DEVELOPMENT MINISTRY:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Parent's Signature* *Date*

**E. I give permission for my child to be transported to and from the child care. I give permission for my child to be transported on field trips.**

\_\_\_\_\_  
*Parent's Signature* *Date*


**F. I give permission for my child to participate in water/swimming activities.**

\_\_\_\_\_  
*Parent's Signature* *Date*

South Carolina Department of Social Services  
 Child Care Regulatory Services  
**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION  
 TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

**GENERAL INFORMATION:** (to be completed by Parent or Guardian)

Name of Facility: Child Development Ministry County: Horry 

Address: 904 65th Ave N Myrtle Beach, SC 29572  
Street Address – no Post Office Boxes City, State, Zip

**Child's Name:** \_\_\_\_\_  
Last First Middle Initial Nick Name

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**You must have two individuals who have the authority to obtain emergency medical treatment for the child.**

1. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
 Address: \_\_\_\_\_  
Street Address City, State, Zip  
 Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

2. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
 Address: \_\_\_\_\_  
Street Address City, State, Zip  
 Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old)  Yes  No

My Child will regularly attend this facility FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: FROM \_\_\_\_\_ am/pm TO \_\_\_\_\_ am/pm

Check all days Child will regularly attend this facility:  Mon  Tue  Wed  Thurs  Fri  Sat  Sun

Check all meals Child will receive daily:  Meals are not offered  Breakfast  Morning Snack  Lunch

Afternoon Snack  Dinner  Evening Snack

**HEALTH INFORMATION:** (to be completed by Parent or Guardian)

Family Physician or Health Resource: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Emergency Care Provider: Grand Strand Medical Center \_\_\_\_\_  
Emergency Facility Name

809 82nd Pkwy Myrtle Beach, SC 29572 843-692-1000  
Street Address City, State, Zip Telephone

Dental Care Provider: \_\_\_\_\_  
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  Yes  No  N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

Additional Comments: \_\_\_\_\_

I certify that to the best of my knowledge \_\_\_\_\_  
Child's Name

is in good mental and physical health and able to participate in the child care program at

Child Development Ministry  
Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designee