



FIRST UNITED METHODIST CHURCH APPLICATION FOR FIRST FRIDAYS

I. BASIC INFORMATION

CHILD'S NAME: _____

First

Middle

Last

NICKNAME (if any): _____

BIRTHDAY _____

AGE _____

ADDRESS: _____

HOME PHONE: _____

PARENT NAME(S):

Name

Name

Cell Phone

Cell Phone

Email address

Email address

SPECIAL NEEDS DIAGNOSIS:

SIBLINGS ATTENDING:

Name:

Current Age

Birthday

IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON MAY BE CALLED:
(Positive ID must be provided before your child will be released)

Name _____ Relationship to child _____

Phone Number _____

II. ACTIVITIES

Please list activities your child likes to engage in (i.e. music, stories, coloring, physical games, independent play, group activities reading, being read to)

My child needs encouragement to:

My child does not enjoy:

Please do not ask my child to:

My child learns/participates best when the adult:

III. PHYSICAL NEEDS

Please circle all that apply:

VISION: Normal/Impaired/Blind

HEARING: Normal/Impaired/Deaf/Hearing Aid

MOTOR: Head Control/Rolls Over/Sits/Crawls/Cruises/Walks

ASSISTANCE: Walker/Crutches/Braces/Wheelchair

TOILETING SKILLS: Toilets independently/Potty trained-needs help/Currently being potty trained/Diapers

Please specify what help may be needed:

Word or sign that child uses for toileting needs

EATING HABITS:

ALLERGIES Food: _____

Other: _____

No restrictions/Soft foods only/Can take nothing by mouth/Bottle only

Specific requests: _____

SLEEPING HABITS: Likely to sleep before 9 PM

If sleeping: crib or pallet?

Enjoys rocking

Change to Sleep Wear

IV. COMMUNICATION WITH OTHERS

Communicates with others using:

Speech - Words/Phrases/Sentences/Babbles/Gestures/
Sign Language/Other _____

Can understand what others say:

All of the time/Most of the time/Some of the time

BEHAVIOR:

_____ Outgoing/Shy

_____ Adapts to new situations well/Adapts to new situation with difficulty

_____ Responds to correction well/Responds to correction with difficulty

_____ Is sometimes destructive/Sometimes threatens others

_____ Sometimes hits/bites or hurts self/others

_____ Sometimes attempts to run away/Hyperactive and/or ADD

_____ Plays in groups

My child responds to separation from his/her parents by:

My child is best comforted by:

My child lets someone know what he/she wants or needs by:

V. OTHER INFORMATION

We have a pet(s), named:

Brothers and sisters:

Name

Age

Birthday

Favorite toy/stuffed animal: _____
Will be with child? Yes/No

Favorite color is: _____

Fears or dislikes (i.e. dogs, loud sounds, certain food/activity):

Other information about your child that would help while in our care:

PARENT(S) SIGNATURE:

DATE:

STAFF REVIEW:

DATE:

First Fridays at First Liability Release and Medical Authorization

Child's Name(s) _____

Parent/Guardian Name(s) _____

In addition to the Parent/Guardian, my child may be picked up by

Name _____ Relationship _____

Name _____ Relationship _____

I/We hereby assume all risk in connection with care for our child, _____, at First Fridays. I/We further agree to hold harmless and indemnify, voluntarily release and forever discharge First United Methodist – Arlington, its staff, associates, volunteers and/or agents for any illness, injury or financial obligation that may occur as a result of this instruction. My express intention is that such release and indemnity will apply to any claim, suit, damages or liability whatsoever arising in whole or in part from my negligence, the negligence of First United Methodist – Arlington or any of its employees, officers, agents, volunteers, or servants, or any other person's negligence, whether the negligence is sole negligence, comparative negligence, concurrent negligence, joint negligence, gross negligence, or any form of negligence.

Medical Care Authorization

I/We authorize First United Methodist - Arlington, its employees or agents to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating at First Fridays.

Date _____ Parent/Guardian Signature _____

Other Authorization

I/We give my permission for my child(ren) to be photographed or videotaped at First United Methodist Church of Arlington. I understand that these photos or videos may be used to promote First Fridays in the future.

Date _____ Parent/Guardian Signature: _____