



Christ Methodist Day School Child Care



Dear Parents:

As our nursery merges with Christ Methodist Day School Child Care, there are a few changes in the way it operates. We hope this document answers any questions you may have, so please review it carefully.

Child care on Sunday mornings, Sunday and Wednesday nights

- Minimal, if any, changes at these times
- Ages: child care available for six weeks through 4 years old; (NOTE: for children over the age of 4, the CUMC Children's Ministry provides activities during these times for ages 5-11.)
- Hours: 8 a.m. – 12:30 p.m. on Sunday mornings; 5-8 p.m. on Sunday & Wednesday evenings from Labor Day in September through Memorial Day in May (approximate dates)
- Supervisor: Kim Adams-Clanton (or Ms. Kim); Marilyn Sheron, CMDS Day Care director, oversees weekend and special event operations.

Note: We still need and appreciate volunteers for these hours!

Child care weekdays, Monday – Friday

- Ages: child care available for six weeks through 4 years old; (**Note:** For those over the age of 4, contact Christ Methodist Day School about their Alpha & Omega program or how to enroll in pre-K and kindergarten classes.)
- Hours: 8 a.m. – 3 p.m., weekdays
- Supervisor: Amy Edwards, CMDS PDO Director, oversees weekday operations
- Registration/shot forms required: Because CMDS Child Care is licensed by the state of Tennessee, registration and shot records are required for child care during weekdays. Please fill out the attached forms and return to Ms. Kim. (These forms are also available online at cumcmemphis.org/register.) You will not be able to use child care any time during the week if forms are not on file and up-to-date.

Weekday child care procedure (as of Aug. 1, 2009)

- Child care remains free for anyone participating in a CUMC ministry activity (on campus mission project, Bible study, fitness class, etc.) as long as the aforementioned registration/shot records are on file.
- At drop off, you will receive a voucher with your name, date, ministry activity and beginning/ending time listed.
- Voucher must be validated (stamped) by the leader of the activity and returned to the child care receptionist at pickup indicating that your child care is free.
- If you do not have a validated voucher, you may be subject to payment for child care.

Christ Methodist Day School Nursery Validation

Date: _____

CUMC Day Care accepts children from age six weeks to four years old (with proper registration). Child care is free to parents who participate in Christ Church ministry activities only. To avoid payment for services, please have your ministry leader validate this voucher.

Parent name: _____

Child(ren) name and age: _____

CUMC ministry activity I am participating in: _____

Beginning time: _____

Ending time: _____

VALIDATE

Reservations: For all activities other than daily fitness and aerobics classes, child care reservations are required. When you register online for a CUMC activity where child care is offered, be sure to indicate that you need child care along with names and birth dates of the children. If online registration is not offered, call 901.261-4306 at least five days in advance to make a reservation.



Christ Methodist Day School/Child Development Center

Registration Form

411 Grove Park
 Memphis, TN 38117
 901.683.3926

Child

Name: _____ Male Female
 Name child goes by: _____ Birth Date: ___/___/___

Parent/Guardian

Mother's Name: _____ Home phone: _____
 Home address: _____ Zip: _____
 Work place: _____ Work phone: _____
 Cell phone: _____ E-mail address: _____
 Father's name: _____ Home phone: _____
 Home address: _____ Zip: _____
 Work place: _____ Work phone: _____
 Cell phone: _____ E-mail address: _____
 Child resides with: mother father both other
 Are you a member of CUMC? yes no

Emergency Contacts (in the event neither parent can be reached)

Emergency contact: _____ Relationship to child: _____
 Phone: Home _____ Cell: _____ Work _____
 Emergency contact: _____ Relationship to child: _____
 Phone: Home _____ Cell: _____ Work _____

Doctor

Name: _____ Phone: _____
 Clinic address: _____
 Child's chart number: _____ Hospital preference: _____
 Important information (allergies, etc.): _____

Authorizations

It is the policy of Christ Methodist Day Care to contact a parent or emergency friend in the event of an emergency for authorization of treatment. If, after reasonable effort, neither I nor listed emergency contacts can be reached, I authorize Christ Methodist Day Care to take whatever emergency medical measures are deemed necessary for the protection of my child while in Christ Methodist Day Care custody. I understand this authorization includes transporting my child to the hospital, doctor or clinic without first obtaining my or an emergency contact's consent. I authorize Christ Methodist Day Care to administer an appropriate dose of acetaminophen (Tylenol) if my child's temperature exceeds 102 F and I cannot be contacted. As parent or legal guardian of this child, I will be responsible, through my own insurance coverage or private means, for any expense incurred.

Parent signature: _____ Date: _____

Authorization To Pick Up Your Child

List the names and phone number of other adults who have the authority to pick up and/or provide transportation for your child. Your child will not be released to anyone other than a parent or the people listed below. These people must be prepared to show identification when picking up a child. Please describe any special needs you or your child may have in this area.

Emergency Friend and Others Authorized To Pick Up Your Child

Name: _____ Phone number: _____
Name: _____ Phone number: _____

Child's Health History Checklist

We need this information in case your child becomes ill and we are unable to reach you. Please check the appropriate response.

Pregnancy and Birth

Were there any problems with pregnancy or your child's birth? yes no
Was his/her birth weight under 5 ½ pounds? yes no
Did the baby have any problems in the hospital? yes no

Medical Problems

Has your child ever been in the hospital overnight? yes no
Is your child taking any medicine? yes no
Any allergies or reactions to medicine, immunizations or insects? yes no
Has your child had asthma or wheezing? yes no
Has your child had more than two ear infections in a year? yes no
Has your child had tonsillitis? yes no
Does your child have speech or hearing problems? yes no
Does your child have trouble with his/her eyes or seeing? yes no
Has your child had a bladder or kidney infection?..... yes no
Does he/she have seizures, fits, or shaking spells? yes no
Have you ever been told your child has a heart murmur? yes no
Is your child restricted in how hard he/she may play? yes no
Has your child ever had a bumpy, swollen reaction to a TB skin test? yes no
Has your child ever been exposed to TB? yes no
Has your child ever had worms? yes no
Does your child scratch his/her genital area frequently? yes no
Is his/her bottom or genitals red or sore? yes no
Is your child a hemophiliac?..... yes no
Is your child on a heart monitor? yes no
Does your child have tubes in his/her ears? yes no

General Development

Does your child get along well with other children? yes no
Is he/she usually happy? yes no
Does your child have any special problems not indicated above? yes no

If yes, please explain. _____

Shot Records

Your child's immunization records are required. Please request these forms from your doctor/pediatrician and deliver to Marilyn Sheron, CMDS Child Care Director.