

# Mechanic Grove Christian Child Care

## Registration

What days does your child need care? M T W TH F

What hours does your child need care? \_\_\_\_\_

### Child Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name to Use: \_\_\_\_\_ Circle one: M/F Date of Birth: \_\_/\_\_/\_\_

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

### Primary Guardian Information

Relationship to Child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cellular: \_\_\_\_-\_\_\_\_-\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Secondary Guardian Information

Relationship to Child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cellular: \_\_\_\_-\_\_\_\_-\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment \_\_\_\_\_

E-mail Address: \_\_\_\_\_

In case of an emergency in which primary and secondary guardians cannot be reached:

Emergency Contact 1 Information

Relationship to child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Alternate: \_\_\_\_-\_\_\_\_-\_\_\_\_

Emergency Contact 2 Information

Relationship to child: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Alternate: \_\_\_\_-\_\_\_\_-\_\_\_\_

Is there anyone who is NOT Authorized to Pick Up Child:

\_\_\_\_\_

Physician

Name: \_\_\_\_\_ Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Disabilities(if any): \_\_\_\_\_  
Special Medical or Dietary Information: \_\_\_\_\_

Medical Insurance Information

Name of Insurance Plan: \_\_\_\_\_ Child's Insurance ID: \_\_\_\_\_  
Subscriber's Name(on Card): \_\_\_\_\_

Other Children in Home

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Child: \_\_\_\_\_

Miscellaneous Information

Does your child regularly attend church and/or Sunday School? \_\_\_\_\_

If so, where? \_\_\_\_\_

Has your child had a previous group or daycare experience? \_\_\_\_\_

If so where and when? \_\_\_\_\_

Authorizations:

Circle one:

Yes No Is MGCCC authorized to seek emergency medical treatment for your child?

Yes No May we photograph or take films of your child for MGCCC activities (craft projects, etc.)?

Yes No We like to use photos of actual fun times at MGCCC on our website. We do not identify children by name. May we include your child?

Yes No May we share your address and/or phone number \_\_\_\_-\_\_\_\_-\_\_\_\_ with other MGCCC parents for party invitations and such?

A Registration Fee must accompany this application and is non-refundable.

A Registration Fee of \$50.00 enrolls your child in MGCCC.

Make checks payable to Children's Outreach Ministries and write MGCCC on the memo line.

Primary Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_