

Fall 2025-2026 School Year
Cortez First United Methodist Church
Children's Enrichment Program

Date:_____ Age:_____ Email Address_____

Please circle the days/time you would like your child enrolled:

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>
8-1 8-3:30	8-1 8-3:30	8-1—8-3:30	8-1 8-3:30

Child's Name: _____

What does your child like to be called: _____ Birthdate:_____

Home Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Occupation/Phone: _____

Father's Name: _____ Occupation & Phone: _____

Brothers and/or sisters and their ages:

Name(s) of people authorized to pick up your child:

If both parents work outside the home, who cares for your child?

Name: _____ Phone: _____

Who will usually bring and pick up your child?

Food allergies:

Does your child nap at home? If so, what time:

Potty trained, working on it, or diapers:

Health problems we should be aware of:

Social habits (getting along with others, behavior problems, special fears, etc.):

Is this your child's first childhood experience, also please let us know anything that may aide us in taking care of or teaching your child:

*Cortez First United Methodist Church
Children's Enrichment Program
Guidelines Form*

There will be 2 absences per school year that your child can miss without you being charged for. No makeup days are permitted due to enrollment numbers.

Tuition Fees will be expected at the beginning of each month, anything paid after the 10th of the month will have a \$15.00 fee charged to the balance.

We request that you call us at 565-3002 or 759-8798 by 9:00 A.M. to let us know that your child will not be attending.

Children need to be dropped off no earlier than 5 minutes before their scheduled drop off time, or you will be charged an additional fee of \$10.00 for early drop off. If you do not have your child picked up by your scheduled pickup time, you will be charged an additional \$20.00 for 5 minutes or more and a fee will be imposed of an additional \$1.00 for every minute you are late 10 minutes and beyond. This fee is to pay for additional staffing charges. Please be prompt in picking up your child, we cannot substitute you!

You will need to provide a change of clothing and plenty of diapers or pull-ups for your child.

You agree to make sure you will provide a sack lunch with a drink for your child every day your child is in attendance.

You agree to give us 30 days advance notice of a permanent change in your child's schedule. Without proper notice, you will be responsible for tuition for the 30 days even if your child is not attending on those days.

Please leave all toys at home; it saves a lot of hurt feelings by doing so. We will not be responsible for lost or broken toys.

You will need to provide 4 Large boxes of snack crackers and 1 box of Kleenex at your scheduled time of the CEP year.

Parents Signature

Parents Name Printed

By signing this form, you agree that you have read and understand the CEP Guidelines Form and Parent Handbook and will abide by all rules. All forms need to be completed prior to your child starting

*Cortez First United Methodist Church
Children's Enrichment Program*

Release Forms

I, the parent or legal guardian of _____ give permission for any staff member of the Children's Enrichment Program or First United Methodist Church or any party related to the program, to take my child on any field trip away from the Church. Any field trip may consist of leaving the Church in vehicle or walking.

Parents Signature

Parents Name Printed

I, the parent or legal guardian of _____ give permission for any staff member of the Children's Enrichment Program or First United Methodist Church or any party related to the program, to photograph or video my child for the purposes of any project or anything related to the websites for The First United Methodist Church or The Children's Enrichment Program.

Parents Signature

Parents Name Printed

I, the parent or legal guardian of _____ give permission for my child to have sunscreen of no less than SPF 15 to be applied to my child.

Parents Signature

Parents Name Printed

*Cortez First United Methodist Church
Children's Enrichment Program*

Emergency Treatment Release

In the event of illness or accident, which requires immediate medical treatment at a time when a parent cannot be located, I give permission for the Cortez First United Methodist Church - Children's Enrichment Program to provide such emergency treatment to the best of their knowledge and ability. I will not hold the Church or the Children's Enrichment Program or any person involved with either facility or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

*Parents Signature*_____ *Date*_____

Name of other persons to call in case of emergency:

_____ *Phone*_____

_____ *Phone*_____

_____ *Phone*_____

*Physician*_____ *Phone*_____

*Dentist*_____ *Phone*_____

Release

I, the parent or legal guardian of _____ in consideration for the use of the facilities and playground of the Cortez First United Methodist Church, do hereby remise, release, and forever discharge the Children's Enrichment Program and all persons associated with it from any and all matters of action, causes of action, suits, proceedings, damages, claims, and demands whatsoever in law and equity, which against the said Church, I had, may have or may have in the future as a result of the usage of the Church facilities, and/or playground. This release is binding on the heirs, executors, administrators, personal representatives and assigns of the parties hereto.

Parents Signature _____ Date _____

Name Of
Child _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Children's Enrichment program(CEP), and to leave the Church/CEP premises under the supervision of a staff member for neighborhood walks or for field trips in authorized vehicles.

I hereby grant permission for the director or acting director to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to the following:

1. If the situation is life threatening, 911 will be called and the following procedure will be followed after care is secured for the patient.
2. Attempt to contact a parent or guardian, the child's physician, or the persons listed on the emergency information form if the situation is urgent but not life threatening.
3. If we cannot contact you or your child's physician we will do one or both of the following: (a) call paramedics (b) transport

the child to Southwest Memorial Hospital in the company of a staff member.

- 4. Any expenses incurred under any of the above, will be borne by the child's family.*
- 5. The school or any person associated with it will not be responsible for anything that may happen as a result of false information given at the time of enrollment.*
- 6. The school WILL NOT assume responsibility for a child who has not been signed in upon arrival for the day.*

I hereby grant permission for the center to apply sunscreen to my child of no less than 15 SPF when needed. If my child is allergic to any type of sunscreen, I agree to supply our own.

I hereby grant permission for my child to view videos at the center. I understand that only G-rated films, cartoons of a non-violent nature, and films with religious content conforming to the centers policy to teach Christian values and Bible stories while remaining non-denominational and non-doctrinal. Videos used will be left up to the discretion of the director.

My signature certifies that I have read & understand the above information.

Signed_____ (mother) Date_____
Signed_____ (father) Date_____

*Cortez First United Methodist Church
Children's Enrichment Program*

Medical Form

Child's Name _____ *Birth day*_____

Home Address _____ *Phone*_____

*Is the child under regular care of the doctor?*_____

*If yes, why*_____

*Is the child on any regular medication? If so, what?*_____

*Does your child have any communicable disease? If so what*_____

General health _____

Does the child hear well? _____

Is there any visual difficulty? _____ *Has the child*

*any history of convulsions?*_____

Is the child subject to any dietary regulations?

Has the child had any major surgery, If so What?

_____ *Does the child have any allergies (what)?*_____

*Immunization Dates: DTP/DI/TD (1st DOSE)*_____ *(2nd*

*DOSE)*_____ *(3rd DOSE)*_____ *(4th DOSE)*_____

*Polio (1st DOSE)*_____ *2nd DOSE)*_____ *(3rd DOSE)*_____

MMR (Measles, Mumps, Rubella _____

*H1B*_____ *Has your child ever been given a*

*tuberculosis test? Date*_____ *Reaction*_____

"I certify that _____ is free of communicable disease and is physically and mentally able to participate in group activities. This child has completed or begun to obtain the immunizations for the well being of the child,"

*Comments*_____

Signature of physician

_____ *Date*_____