



A ministry of: Bethany United Church of Christ
2952 Bethany Church Road
Claremont NC 28610

Find us on the web at:
www.BethanyUccClaremont.org

Application for Enrollment (Please complete entire form)

NOTE: ALL INFORMATION WILL REMAIN CONFIDENTIAL AND WILL NOT BE PROVIDED TO OTHER AGENCIES OR ORGANIZATIONS WITHOUT THE EXPRESS PERMISSION OF THE PERSON COMPLETING THIS FORM.

Name of Child: _____

Age: _____ Grade (2015-2016 School Year): _____ Birthdate: _____

Address: _____

Father/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Address: _____

Where employed: _____ Phone: _____

Mother/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Address: _____

Where employed: _____ Phone: _____

Number of Children in the Home: _____ Ages: _____

EMERGENCY CARE INFORMATION

Child's Doctor: _____ Phone: _____

Child's Dentist _____ Phone: _____

Hospital Preference: _____ Phone: _____

Emergency Contacts if Parents cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

In the event you cannot pick up your child, please list who we may release your child to:

I agree that the director may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

Printed Name of Person Completing This Application: _____

Signature: _____ Date: _____



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INFORMATION ABOUT YOUR CHILD

Does your child have any known medical or food allergies? NO _____ YES _____

If yes, explanation: _____

Other Medical Concerns (such as Asthma, ADHD, ADD, Autism Spectrum, etc.):

Does your child take any daily medications? NO ____ YES ____ If yes, please explain:

Please give any information concerning your child, which will be helpful in his/her experience in the program (such as play, eating, special fears, special likes or dislikes):

PROGRAM NEEDS

Full-time 5 days a week for one child

Part-time 3 days a week

Full-time 5 days a week for two children

EDUCATIONAL INFORMATION FOR CHILD

Grade entering in August 2015: _____ School: _____

Reading Concerns:

Math Concerns:

Other educational areas of concerns:

What goal (s), as the parent/guardian, would you have for your child during their enrollment in our program?



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IMPORTANT INFORMATION ABOUT MY CHILD

Name of Child: _____

Name of Parents/Guardians: _____

My child may be released to the following persons (ID required):

Telephone Numbers

Parent/Guardian Name: _____

Home: _____ Work: _____ Cell: _____ E-Mail: _____

Parent/Guardian Name: _____

Home: _____ Work: _____ Cell: _____ E-Mail: _____

Emergency Contact Name: _____

Relationship to child: _____

Home: _____ Work: _____ Cell: _____ E-Mail: _____

PLEASE CIRCLE ONE

YES WE DO or NO WE DO NOT

HAVE COURT ORDERED CUSTODY PAPERS SIGNED AND DATED BY A JUDGE.

Please mail this application form and a \$35.00 Enrollment/Resource Fee check to:

Bethany United Church of Christ
2952 Bethany Church Rd.
Claremont, NC 28658

Make the check payable to: **"Bethany United Church of Christ"** with "All Stars" on the memo line.