Date of Application and Paid Registration Fee ($75) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ updated 1-4-2024

**2024-2025 Leaksville United Methodist Church Child Development Application**

**603 Henry Street Eden, NC 27288 Phone (336) 864-4205 Web: lumccdc.com**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy or Girl (please circle) Child’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  | **Choose Your Program** |  |
|  | **3-days (Wednesday-Friday) 9am-12pm** | **$195/month** |
|  | **5-days (Monday-Friday) 9am-12pm** | **$225/month** |

|  |  |  |
| --- | --- | --- |
|  | **Age Group – Child must be the minimum age by August 31.** |  |
|  | **Two Year Olds** | **18 months** |
|  | **Three Year Olds** | **3 years** |
|  | **Four Year Olds** | **4 years** |

**Medical Alert**

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what is their allergy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been prescribed an EpiPen or other epinephrine auto-injector? Yes \_\_\_\_\_ No \_\_\_\_\_

\*Food Allergy Policy: Family will be contacted to develop a Food Allergy Plan before the first day of school.

Does your child have any other medical condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child require daily medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed medical form and immunization record must be completed and returned by the first day of school, September 5, 2024. This is only needed at initial enrollment unless medical information changes.**

I understand the following: (1) a completed medical form must be returned by the first day of school; (2) Tuition is due on the first of each month; (3) a $20 late fee will be applied after the fifth of each month.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Please submit to the following address: LUMC CDC, 603 Henry Street, Eden, NC 27288, Attn: Director**