



**MORNING STAR COMMUNITY CHRISTIAN CENTER
CHILD CARE MINISTRY
REGISTRATION FORM**



To be completed by parent(s)/guardian(s) and childcare staff

(for Insurance Purposes)

OFFICIAL OFFICE USE ONLY:

Received by (Please Initial):

Checked by admin:

(Please initial)

Date:

Date:



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Significant Family History (Check all that apply)	Allergies to... (Check all that apply)
<input type="checkbox"/> Sickle Cell <input type="checkbox"/> Diabetes <input type="checkbox"/> Convulsive Disorder <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertenion <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Impaired Vision <input type="checkbox"/> Impaired Hearing	<input type="checkbox"/> Medications (specify): <hr/> <input type="checkbox"/> Foods (specify): <hr/> <input type="checkbox"/> Reactions (specify): <hr/> <hr/> <input type="checkbox"/> Insect Bites: <input type="checkbox"/> Other: <hr/> <hr/>

Hospitalizations and Illnesses (please respond to each question)	YES	NO	EXPLAIN
Has your child ever been hospitalized or operated on?			
Has your child ever had a serious accident (broken bone, head injury, severe fall, burns, poisoning)?			
Has your child ever had a serious illness?			

SPECIAL HEALTH CONDITIONS	AGE IT BEGAN	TREATMENT/MEDICATIONS ADMINISTERED
1.		
2.		
3.		
4.		
5.		

CONSENT FOR EMERGENCY MEDICAL TREATMENT (Required for admission to the Child Care Ministry)
 I do hereby give authorization to the Morning Star Community Christian Center Child Care Staff to obtain the necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

SIGNED	OFFICIAL OFFICE USE ONLY:	DATE
RELATIONSHIP		
Received by (Please Initial):		
Checked by admin:		
(Please initial)		
Date:		
Date:		



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