

# Childcare Registration



**CORNWELL CENTER**  
**FITNESS WELLNESS FAMILY**  
at Myers Park Baptist Church

2001 Selwyn Avenue Charlotte, NC 28207

## General Information:

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_

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Address \_\_\_\_\_ Apartment #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please list ALL special medical needs or allergies (environmental, food, medications):

I am interested in the following programs:

- Drop-In Childcare     Before School Care     Parent's Morning Out

## Parent/ Guardian Information:

Relationship: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

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Email: \_\_\_\_\_

## Emergency Contact /Approved pick-up (other than parent/guardian)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Cell \_\_\_\_\_ Relationship: \_\_\_\_\_  
Driver's License # \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Cell \_\_\_\_\_ Relationship: \_\_\_\_\_  
Driver's License # \_\_\_\_\_

## Preferred Hospital in Case of Emergency

: \_\_\_\_\_

## Photo Release

I give permission for my child's pictures and video's to be used on bulletin boards, newsletters, and The Cornwell Center web site.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Automatic Draft

I hereby authorize The Cornwell Center to initiate debits from my checking account or Credit/Debit card. The authorization is to remain in effect until The Cornwell Center has received **15 days written notification** from me terminating this agreement, or until The Cornwell Center or BANK has sent me 15 days notice of The Cornwell Center's or Bank's termination of the agreement. Should my draft not be honored by my BANK for any reason, I realize that I am still responsible for that payment and a second attempt to collect, including a Cornwell Center service charge, will be made prior to my next draft. This is in addition to any service fee my BANK may make.

I would like to automatically re-charge my Childcare Card for the following amount when funds have been depleted: \$ \_\_\_\_\_

Draft Authorization \_\_\_\_\_ (initials)

## Wavier

I understand that the Cornwell Center at Myers Park Baptist Church assumes no responsibility for injuries or illnesses which may be sustained as a result of participation in any athletic activities, sports programs, and the use of any equipment, exercise or other activities. I acknowledge that I assume the risk for any and all illness which may result from participation in these. In consideration of the privilege of participating at the Cornwell Center, I hereby voluntarily release and discharge the Cornwell Center at Myers Park Baptist Church and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which may be suffered as a result of participation in these activities. A parent/responsible party must discuss with the Cornwell Center director any special conditions or circumstances involving their child prior to registration. I agree to have a physician examine my child/me within a reasonable time prior to the start of the program/activity to determine my child/I am free of communicable disease and have not been exposed to such. I hereby give permission to the medical personnel selected by the Cornwell Center staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for me/my child in the event of medical emergency. I understand that no accident/medical insurance is provided with this activity.

I understand it is my responsibility to be reached and at the Cornwell Center in the event of an emergency. I also understand that my child will not be released to anyone who is not on this form. By the signature below, I am verifying that the above information is true and correct to the best of my knowledge.

I understand that the Cornwell Center Parent's Morning Out Program is not licensed and is not required to be licensed by the state as a child care agency. (G.S. 110-86(2) (d) (d1)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Cornwell Center staff: \_\_\_\_\_ Date: \_\_\_\_\_