THE EARLY CHILDHOOD CENTER
MEMORIAL UNITED METHODIST CHURCH
250 Bryant Avenue
White Plains, New York, 10605

MEDICAL FORM AND TREATMENT

A medical examination must be submitted to the Office before your child can be admitted to our school.   We abide by the Westchester County Dept. of Health's schedule for mandatory inoculations and immunizations. We require a new medical examination each year, 30 days prior to admission. The medical, dental and surgical treatment of children is the responsibility of the parent. If a child becomes ill while at school, the parent must come for their child as quickly as possible and provide the necessary medical care. If there is an emergency, we will take your child by ambulance to the nearest Hospital Emergency Room, and we will call you to meet us there.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the ECC program staff to obtain emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Relationship to child: _____ Signature: _____Date: _____

SCHOOL POLICIES
(please initial)

☐ I will be responsible for my child's transportation to and from school.

☐ Our teachers and/or school representatives take pictures of the children engaged in various activities during our program. These pictures are used for bulletin board displays, and may also be used on our website and/or in marketing materials to promote the school. No names are given. I give permission for my child to be photographed or filmed.

☐ I give permission to have my child's picture on ECC's Facebook page and on other social media sites. No names are given.

☐ I agree to have my phone number and address included in the Class List which is distributed to all parents and staff.

☐ I agree to have my email address distributed to parents and staff.

☐ I give permission for my child to go on nature walks in the field adjacent to the parking lot. (3's & 4's)

☐ We agree to abide by the policies and procedures set forth in the payment plan.

Mother's signature_____ Date _____

Father's signature_____ Date _____

Director's signature_____ Date _____