Kids First Day School

First Methodist Church of Trussville

2026 Registration
School-Age Summer Program
K5 through 5th grade

Child's Full Name _____ Child is to be called _____

Date of Birth _____ Boy _____Girl _____ School Grade Just Completed: _____

Parents' Names (First and Last) _____

Home Address _____

City, State, Zip _____

(Mom) cell: _____(Dad) cell: _____ Emergency contact #: _____

E-Mail Address/es_____ _____

Please list any allergies or medical conditions: _____

_____

_____

Are you a member of First Methodist Church Trussville? ____Yes ____ No

- Children must have completed five-year-old kindergarten through fifth grade to register for our School-Age Summer Program.
- **Registration will open March 10, 2026.** Spaces are limited and Registration is first come, first serve.
- **All available spaces are full time. No part time spaces are available.** Fees are not refundable if a space is available at Kids First.
- **Center hours are 7:00 a.m. until 6:00 p.m.**

A $225.00 Field Trip fee is due with this registration form.

Full Time Summer Tuition is $180.00 per week.

If your child is not currently enrolled with Kids First, there is a $33.00 Registration fee and a $57.00 Activity/Supply fee also due.

For Kids First Office Use Only

Date and Time Received _____

Amount Paid and Check No. _____

H. Authorization for administering medication

DHR-CDC-1949

AUTHORIZATION FOR ADMINISTERING MEDICATION/MEDICAL PROCEDURES

Dear Parent/guardian,

Your written permission is required to administer medication or medical procedures to your child. Any prescription drug or over-the-counter drug sent to the child care facility (home or center) must be in its original container and must be clearly labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. If it is absolutely necessary for your child to be given medication while at the child care facility, **please complete the following information.**

Child's Name _____

Prescription Number OTC

Name of Medication Sunscreen

Amount of medication to be given at each dosage liberal coverage to exposed areas.

Instructions (how to give or apply, such as given by mouth, apply to skin, inhale, drops in eyes, etc.) Reapply to exposed areas as needed.

Time and date of last dosage given at home _____

Time(s) of dosage(s) to be given at the child care facility Reapply as needed.

Please give my child the above-named medication at the time(s) and in the amount(s) indicated.

_____

Signature of parent/guardian

To be completed by licensee/staff/caregiver

Date medication given	Time medication given	Signature of person giving medication

Field Trip Permission Form

My child, _____, has my permission to participate and travel with the Kids First School Age Summer Program and any field trips planned by the center. I understand that my child will be transported on the First Methodist Church of Trussville bus or van. I also understand that adequate supervision will be provided during the entire trip and that only qualified drivers will be asked to drive.

Signed **Date**

Health Information

Please list any allergies or medical conditions:

_____

Does your child require any medicine to be given during the day? _____ If so, please list medicine, dosage, and time the medicine will be given.

_____

I understand parents are required to fill out the attached Medication Authorization Form for ALL medications including sunscreen application. _____ (initial)

Emergency Contact Information

Please list parents name and phone number to contact in emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent email addresses: _____

Parent Permission to video/photograph children

I hereby grant permission for my child, _____ to be filmed, videotaped, and/or photographed for public information and instructional purposes on the premises of Kids First, FMC Trussville and on field trips with Kids First, FMC Trussville.

I, _____, understand that my child's photograph or visual image may be reproduced in FMC Trussville bulletins, newspaper, film, website or video for public viewing.

Parent Signature: _____ Date: _____

My child's t-shirt size: YOUTH_____ ADULT_____