

GAARDE CHRISTIAN DAY CARE

REGISTRATION FORM 2018-2019

DATE
STARTED:

STUDENT INFORMATION

CHILD'S LEGAL NAME: _____ DATE: _____

(Please Print)

NAME CHILD USES IF DIFFERENT FROM ABOVE: _____

DATE OF BIRTH: _____ AGE: _____ Male Female

PARENT/GUARDIAN INFORMATION

CHILD LIVES WITH: Mother Father Stepmother Stepfather Other _____

Mother's Name: _____

Father's Name: _____

Mother's Address: _____

Father's Address: _____

Mother's Home #: _____

Father's Home #: _____

Mother's Work #: _____

Father's Work #: _____

Mother's Employer: _____

Father's Employer: _____

Employer Address: _____

Employer Address: _____

E-mail: _____

E-mail: _____

Cell #: _____

Cell #: _____

EMERGENCY CONTACT/AUTHORIZATION FOR CHILD PICK-UP

Must be 18 years of age. List in order of preferred contact.

NAME

PHONE #

RELATION TO CHILD

****PLEASE NOTE: Student will only be released to parent/guardian, unless parent/guardian provides written notification in the event someone other than parent/guardian listed above will pick up child from Day Care.**

FORM CONTINUED ON BACK SIDE

OUT OF TOWN EMERGENCY CONTACTS

Include two out of town friends or relatives

NAME

PHONE #

RELATION TO CHILD

MEDICAL RELEASE

PHYSICIAN: _____
(Please Print)

PHONE: _____

PHYSICIAN ADDRESS: _____

DENTIST: _____

PHONE: _____

INSURANCE COMPANY: _____

PHONE: _____

AGENT NAME: _____

PHONE: _____

POLICY #/GROUP #: _____

PARENT/GUARDIAN: _____
(Please Print)

ALLERGIES: Food _____

Medicines _____

Environmental _____
(If no allergies, please leave box(es) blank)

Other: _____

DIETARY RESTRICTIONS: _____

DOES YOUR CHILD HAVE A REACTION TO BEE STINGS? Yes No Unknown

CURRENT MEDICATIONS: _____

SERIOUS ILLNESSES/ACCIDENTS TO-DATE: _____

DATE OF LAST TETANUS IMMUNIZATION: _____

Please Initial:

_____ I understand that photos and video of my child may be used in school advertisements, including on the Internet.

_____ I do not give my permission for photos and videos of my child to be used in school advertisements, including on the Internet.

MEDICAL TREATMENT, TRANSPORTATION AND HOSPITAL AND/OR PHYSICIAN'S CARE

In case of an accident or serious illness, I request Gaarde Christian Day Care to contact me. If the school is unable to reach me, I hereby authorize Gaarde Christian Day Care permission to seek medical treatment for my child in the event such treatment is deemed necessary and for my child to be transported by an emergency vehicle to a medical facility for treatment. I consent to all medical and surgical treatment by the attending physician. I agree to accept responsibility for any financial indebtedness incurred due to the injury/illness.

Parent/Guardian, by signing below, you are acknowledging that you have read, understand, agree to and completed the necessary information required for the Registration, Medical Release, and People Authorized to Pick-up Child, and that the information is current.

Parent/Guardian Signature: _____ Date: _____