

Office use only:  Discipline plan  Insurance card  Tuition agreement  Photo I.D.  Immunizations  health form

Date of Admission: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

## First Kids Academy Registration Form

**Child's Name:** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent's Relationship to each other:**  Married  Divorced  Separated  Single

(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form).

**Child lives with** (Please check all that apply):  Mother and Father  Mother  Father  Other

### Parent's Information:

**Mother's Name:** \_\_\_\_\_ **Best way to contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mother's Occupation** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Mother's cell #:** \_\_\_\_\_

**Mother's email:** \_\_\_\_\_ **Last 4 digits of Soc. Security** \_\_\_\_\_

**Christian** Yes/ No **Church Member** Yes/ No **Where** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Best way to contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Father's Occupation** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Father's cell #:** \_\_\_\_\_

**Father's email:** \_\_\_\_\_ **Last 4 digits of Soc. Security** \_\_\_\_\_

**Christian** Yes/ No **Church Member** Yes/ No **Where** \_\_\_\_\_

List at least one local person who will be available to assume responsibility for your child in an emergency, if parents cannot be reached:

**Name:** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

## RECEIPT OF PARENT HANDBOOK

**Receipt and Acceptance of Parent Policies:** I acknowledge receipt of First Kids Academy's operational policies, including those for discipline and guidance, health and safety and agree to abide by them.

Over →

## AUTHORIZATION FOR RELEASE OF CHILD

I authorize that my child, \_\_\_\_\_, be released by First Kids Academy to the following persons, in addition to those already listed on the reverse side of this form:

<b>Name:</b> _____ Relationship to child _____
Address: _____ City _____ State _____ Zip Code _____
Home Phone: _____ Work #: _____ Cell #: _____

<b>Name:</b> _____ Relationship to child _____
Address: _____ City _____ State _____ Zip Code _____
Home Phone: _____ Work #: _____ Cell #: _____

## TRANSPORTATION, WATER, AND OTHER PERMISSIONS

Check all that apply:

I hereby \_\_\_\_\_ my consent for: (check all that apply)  
(Give or Do NOT Give)

- Water activities- including water tables, sprinkler activities, swimming/ wading pools, and/or slides
- Sunscreen (provided by parent) to be applied as needed. I realize that older children are expected to apply their own sunscreen/sun block. If they cannot reach their back, or need assistance, a staff member will help.
- Photography/Videos- My child may be photographed. I am aware that these photographs may be used for Brightwheel communication, art projects, news articles, the center web site, in house publications, and/or publicity, as well as center displays. Children's names will never be used in publicity.
- Transportation and Field Trips – My child may be transported and supervised by the Academy staff while on field trips or in an emergency.
- PG rated movies (School-age programs only)

Parent Comments: \_\_\_\_\_

## SCHOOL-AGE PROGRAMS ONLY - PARENT STATEMENTS

- My child's immunizations, vision screening, and hearing screening records are current and are on file at the following school: \_\_\_\_\_ Phone: \_\_\_\_\_
- My child has been examined within the past year by a licensed physician and is able to participate in the Day Care program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## MEDICAL INFORMATION AND AUTHORIZATION

List any special problems that your child may have, such as **allergies**, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which First Kids Academy should be aware of.

*If none, please write none.*

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## EMERGENCY MEDICAL CONSENT

In the event that I cannot be reached to make arrangements for emergency medical attention for my child at the time of an illness or accident, I authorize First Kids Academy staff to take my child to an Emergency Room, or to the following physician or his/her associates for medical care:

Name of child: \_\_\_\_\_

To:

Name of Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Address of Doctor: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Or to:

Name of Hospital or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Hospital or Clinic: \_\_\_\_\_ City: \_\_\_\_\_

In case of emergency, I hereby authorize the doctor or the hospital to which my child may be taken to perform any emergency procedure or operation, to give treatment and the administration of any anesthetic necessary for the health of my child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

The authorization granted by this form will be used only where absolutely necessary and only after every attempt has been made to contact the parent. We find that doctors and hospitals refuse to give treatment, regardless of how minor, unless they have authorization from the parents. As time can be essential in a medical emergency, this would assure your child prompt professional attention.

**(Attach a photocopy of your insurance card).**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged me on (date) \_\_\_\_\_ by

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public