

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS**

To Be Completed by Parent or Guardian

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	CITY	STATE	ZIP	BIRTHDATE
FATHER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	CITY	STATE	ZIP	HOME TELEPHONE ()
MOTHER'S NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	CITY	STATE	ZIP	HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()
ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY					
NAME		ADDRESS		TELEPHONE	
RELATIONSHIP					
PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY					
PHYSICIAN	ADDRESS		MEDICAL PLAN AND NUMBER		TELEPHONE
DENTIST	ADDRESS		MEDICAL PLAN AND NUMBER		TELEPHONE
IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN? <input type="checkbox"/> CALL EMERGENCY HOSPITAL <input type="checkbox"/> OTHER EXPLAIN _____					
NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR GUARDIAN)					
NAME					RELATIONSHIP
TIME CHILD WILL BE CALLED FOR					
SIGNATURE OF PARENT OR GUARDIAN					DATE
TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR					
DATE OF ADMISSION				DATE LEFT	

EMERGENCY MEDICAL STATISTICS

I. MEDIC ALERT: (I.E, DIABETES, EPILEPSY, ASTHMA, SICKLE CELL, ALLERGIES TO MEDICATIONS)

- 1. _____
- 2. _____

II. EMERGENCY CONTACTS: (Other than parents or guardian)

- | | NAME | PHONE | RELATIONSHIP |
|----|-------|-------|--------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

III. PHYSICIAN:

- | | NAME | PHONE | ADDRESS |
|----|-------|-------|---------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

IV. DENTIST:

- | | NAME | PHONE | ADDRESS |
|----|-------|-------|---------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |

Is your signature on file with these physicians authorizing him/her to give emergency care to the student in your absence? Yes () No ()

I HEREBY GIVE CONSENT TO THE FOLLOWING:

- 1. As parent or guardian, I agree to place all matters of discipline under the jurisdiction of the school's administration and to cooperate with the school policies.
- 2. My child may go on field trips and other school sponsored activities.
- 3. The school reserves the right to dismiss any student who does not respect its spiritual standards or cooperates in the educational process.
- 4. Fees are due and payable at the time of acceptance. The registration fee is not refundable.
- 5. I understand that the monthly tuition payments are payable on a ten-month basis, due the first of each month in advance beginning August 1st and ending May 1st.

SIGNATURE OF BOTH PARENTS OR GUARDIANS:

FATHER _____ **MOTHER** _____

Relationship:

Relationship:

Father _____ Stepfather _____ Guardian _____

Mother _____ Stepmother _____ Guardian _____