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?
® CALL EMERGENCY HOSPITAL ® 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 _____**