

Community Kids Admission Information

Child's Full Name		Child's Date of Birth	<input type="checkbox"/> Male
			<input type="checkbox"/> Female
Child's Home Address			Child's Home Telephone Number
Date of Admission	Date of Withdrawal	Mother's Email Address	
		Father's Email Address	
Parent's or Guardian's Name		Address (if different from child's address)	
List of telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone Numbers		Father's Telephone Numbers	
cell:		cell:	
work:		work:	
Give the name, address and phone number of person to call in case of emergency if parents /guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons.			
Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after ID verification.			

I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported and supervised by the operation's employees for emergency care.			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in water activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> water table play			
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give Community Kids Childcare permission to photograph or videotape my child during school activities. These photos may be used for bulletin boards, crafts, special event slideshows and online.			
_____ I hereby release Community Baptist Church, all officers, directors, and staff from any liability in the event of an accident of injury occurring on the premises.			
_____ I acknowledge receipt of the Community Kids Parent Handbook, which includes policies for discipline and guidance.			
_____ I understand that Community Kids will provide a morning snack for my child and that a lunch that I provide will be served to my child in the afternoon.			
MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS:			
<input type="checkbox"/> Mondays from 9am to 2pm	<input type="checkbox"/> Wednesdays from 9am to 2pm	<input type="checkbox"/> Fridays from 9am to 2pm	
<input type="checkbox"/> Tuesdays from 9am to 2pm	<input type="checkbox"/> Thursdays from 9am to 2pm		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the medical personnel in charge to take my child to:		
Name of Physician:	Address:	Phone #:
Name of Emergency Medical Care Facility:	Address:	Phone #:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

Does your child have any conditions or special problems such as allergies, existing illnesses, previous serious illnesses, injuries or hospitalizations during the last 12 months, any medication continuous use, or any other information that Community Kids should be aware of? If so, please explain.

_____ Signature - Parent or Legal Guardian _____ Date