

**GAARDE CHRISTIAN DAY CARE
REGISTRATION FORM
2020-2021**

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(attach copy of custody order for specific court orders)

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.

<u>NAME</u>	<u>PHONE #</u>	<u>RELATION TO CHILD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****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.**

OUT OF TOWN EMERGENCY CONTACTS

Include two out of town friends or relatives

<u>NAME</u>	<u>PHONE #</u>	<u>RELATION TO CHILD</u>
_____	_____	_____
_____	_____	_____

Form continued on other side

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: _____

Other: _____ Please list TX protocol for any allergy: _____

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

I acknowledge that participation in Gaarde Christian Day Care involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in GCDC the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in GCDC. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during participation in GCDC as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of participation in GCDC whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

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. You also state that you have reviewed the current license certificate for GCDC that is posted on the GCDC Information Board.

Parent/Guardian Signature _____ Date: _____