

**GAARDE CHRISTIAN DAYCARE
REGISTRATION FORM
2024-2025
STUDENT INFORMATION**

Office use:
DATE STARTED:

PRESCHOOL? Y N

CHILD'S LEGAL NAME: _____ DATE: _____

NAME CHILD USES IF DIFFERENT FROM ABOVE: _____
(Please Print)

DATE OF BIRTH: _____ AGE: _____ ☐ Male ☐ Female

PARENT/GUARDIAN INFORMATION (attach a copy of the 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 THE 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 a 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 THE CHILD</u>
_____	_____	_____
_____	_____	_____

MEDICAL RELEASE

PHYSICIAN: _____
(Please Print)

PHONE: _____

PHYSICIAN ADDRESS: _____

DENTIST: _____ PHONE: _____

INSURANCE COMPANY: _____ PHONE: _____

AGENT NAME: POLICY #/ _____ PHONE: _____

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: _____

PHOTO RELEASE PERMISSION (please initial one of the below options):

_____ I understand that photos and videos 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") including Emergency vehicle transport to a medical facility. 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.

As a licensed daycare in the state of Oregon, we follow policy/protocols regarding sicknesses. Every family will be expected to follow the "health for all" system which means parents are responsible for evaluating their own child's health prior to each day's admittance to daycare. Before signing in, every child will be assessed daily by a staff person, expecting no child to be sent to daycare with a treated fever or cough. If a student has a positive test for any virus, there is an expectation of disclosure to the daycare director. All Daycare policies are subject to change per guidelines from the State of Oregon.

Parent/Guardian, by signing below, you acknowledge 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.

Parent/Guardian Signature _____ Date: _____