

ST. ANDREW'S PRESBYTERIAN CHILDREN'S PLACE
2010-2011 REGISTRATION

Please fill out this form accurately and completely so that we may best serve you and your child.

All information must be completed using "N/A" or "none" where applicable, and your signature is required.

It is your responsibility to notify us immediately, in writing, of any changes in the information you provide below.

Child's Full Name _____ Birthdate _____

Mother's Name Address Zip Home Phone

Mother's Employer Address Zip Work Phone

Father's Name Address Zip Home Phone

Father's Employer Address Zip Work Phone

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's E-mail _____ Father's E-mail _____

The following persons may be called in an emergency if parents cannot be reached:

Name Relationship to Child Phone Alternate Phone

Name Relationship to Child Phone Alternate Phone

If English is not your first language, please list contact information of a person who can serve as an interpreter.

Name Phone Number Alternate Number

I understand it is my responsibility to always leave my child in the presence of a staff member. I hereby authorize the following person(s) to pick up my child. I understand that he/she will not be released to anyone else without my written permission.

Name Relationship to Child Phone Alternate Phone

Name Relationship to Child Phone Alternate Phone

Please provide a code word that will be used to identify you on the telephone. This will only be used if you call to authorize a pick up for your child. Code word _____

___YES___NO I hereby give permission for my child to walk or be transported by St. Andrew's staff members or parents on any planned excursions or field trips. Notice will be posted in advance for such events.

___YES___NO I hereby give permission for my child to participate in water activities provided by St. Andrew's. Use of pools other than wading pools is prohibited.

___YES___NO I hereby give permission for my child's home address and phone number and my e-mail address to be released in the School Directory.

___YES___NO I hereby give permission for my child's picture to be used on the school website. (With your child's safety in mind, it is our school policy to never use your child's name on the web page.)

Parent's Signature _____ Date _____

ST. ANDREW'S PRESBYTERIAN CHILDREN'S PLACE
2010-2011 MEDICAL INFORMATION

Child's Full Name _____ Birth date _____

An ill child will not be admitted to St. Andrew's Children's Place, or parents will be notified to pick up a child, if one or more of the following exists:

1. The illness prevents the child from participating comfortably in school activities.
2. The illness results in a greater need for care than the staff can provide without compromising the health, safety, and supervision of the other children.
3. The child has any of the following:
 - A. oral temperature 100.4 degrees or greater; rectal temperature 101.4 degrees or greater; armpit temperature 99.4 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness until medical evaluation indicates that the child can be included in the school's activities.
 - B. symptoms and signs of possible severe illness (such as lethargy, uncontrolled breathing, uncontrolled diarrhea, vomiting illness {two or more episodes in 24 hours}), rash with fever, mouth sores with drooling, wheezing, behavior change, or other unusual signs until medical evaluation indicates that the child can be included in the school's activities.
4. The child has been diagnosed with a communicable disease, until medical evaluation determines that the child is no longer communicable and is able to participate in the school's activities.

Please list any special problems or needs your child may have, such as allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, any hospitalizations during the past 12 months, and any medication prescribed for long-term, continuous use. Children needing special care due to disabling or limiting conditions will be required to submit care recommendations from a qualified specialist prior to admission.

Special Problems or Needs _____

Allergies _____

Please initial here if there are none known: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize St. Andrew's Children's Place to take my child to:

Child's Physician _____ Address _____ Phone _____

Hospital _____ Address _____ Phone _____

Insurance Provider _____ Policy Number _____ Policy Holder _____

I understand that my child's medical information that I have provided may be viewed by administrative staff and current classroom teachers. Other than access by these individuals, medical information will be kept confidential and only released to medical personnel in the event of an emergency. Please list individuals in addition to the parents who are allowed permission to access your child's medical records. _____

I hereby give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

Parent's Signature _____ Date _____