



2019-2020

PLEASE COMPLETE ALL INFORMATION

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_, TX Zip \_\_\_\_\_

Primary E-mail (s) \_\_\_\_\_ Contact Method ( ) E-Mail ( ) Phone

Church presently attending \_\_\_\_\_ Are you currently a member ( ) Y ( ) N

Are you currently looking for a church home? ( ) Y ( ) N

Is your child Baptized? ( ) Y ( ) N Are you interested in Baptism? ( ) Y ( ) N

=> Infants Indicate Schedule: ( ) 6:30am-6:30pm ( ) 8am-5pm ( ) 9am-3pm

=> Indicate Days Attending: ( ) M ( ) T ( ) W ( ) Th ( ) F ( ) M-F

=> Toddlers / PS / PK Indicate Schedule in addition to 9-12:

Before School Care ( ) 6:30-9am ( ) 7-9am ( ) 8-9am

School Hours (X) 9-12 Noon

After School Care ( ) 12-1 ( ) 12-3 ( ) 12-4 ( ) 12-5 ( ) 12-6 ( ) 12-6:30

Parents: Mother \_\_\_\_\_ May we contact you at work ( ) Yes ( ) No

Employer\* \_\_\_\_\_ Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Father \_\_\_\_\_ May we contact you at work? ( ) Yes ( ) No

Employer\* \_\_\_\_\_ Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\* Concealed firearms are NOT allowed on the premises. As a federal/state law enforcement agent, I am licensed, and may be carrying a firearm. ( ) Yes ( ) No

Parent's status ( ) Married ( ) Separated ( ) Divorced\* ( ) Widowed ( ) Single Parent

\* Who has custody? \_\_\_\_\_ May child be released to either parent? ( ) Yes ( ) No

Octagon icon Please Initial

List emergency contacts in priority order that also have the authority to pick up your child:

1. \_\_\_\_\_ Phone # (s) \_\_\_\_\_

2. \_\_\_\_\_ Phone # (s) \_\_\_\_\_

3. \_\_\_\_\_ Phone # (s) \_\_\_\_\_

Unfamiliar persons authorized to pick up are required to provide a valid Driver's License or other picture I.D. before child is released. Children are not allowed to leave with any other person without prior authorization from the responsible parent or guardian.

Octagon icon Please Initial

Did another Day One Christian Academy family refer you? ( ) Yes ( ) No If yes, which family? \_\_\_\_\_

If no, how did you learn about our program? \_\_\_\_\_

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2019-2020 SCHOOL USE ONLY:

Application Fee \_\_\_\_\_ Registration Fee \_\_\_\_\_ Entry Date \_\_\_\_\_

KES \_\_\_\_\_ Allergy (s) \_\_\_\_\_

Other Notes: \_\_\_\_\_

**TRANSPORTATION:** I hereby ( ) give ( ) do not give consent for my child to be transported and supervised by Day One Christian Academy for Medical Emergency / Emergency Evacuation.  
I hereby ( ) give ( ) do not give consent for my child to be transported and supervised by Day One Christian Academy on Field Trips in the Prekindergarten age level only.

 **Please Initial**

**WATER ACTIVITY:** I hereby ( ) give ( ) do not give consent for my child to participate in water sprinkler activities.

 **Please Initial**

**PHOTOGRAPHS/VIDEO TAPING:** I hereby ( ) give ( ) do not give consent for my child to be photographed or videotaped for any legitimate purpose including but not limited to the classroom (including Classroom Memory Book) / Day One Christian Academy / Gloria Dei purposes.

 **Please Initial**

**HIPAA PRIVACY POLICY ACKNOWLEDGEMENT:** I hereby ( ) give ( ) do not give my consent to disclose my child's health information as necessary to administrate the health and safety of the program.

 **Please Initial**

### SPECIAL NEEDS AND MEDICAL HISTORY

1. Does your child have any existing/previous medical condition?  
( ) No ( ) Yes, please explain: \_\_\_\_\_
2. Is your child on medication prescribed for long term or continuous use?  
( ) No ( ) Yes, please explain: \_\_\_\_\_
3. Has your child been diagnosed with a food allergy?  
( ) No ( ) Yes\*, please explain: \_\_\_\_\_  
\*A food allergy requires Emergency Care Plan to be completed by a physician.
4. Does your child have any other allergies (drug, environmental...) or food sensitivities?  
( ) No ( ) Yes, please explain: \_\_\_\_\_
5. Does your child have any vision, speech, or hearing problems?  
( ) No ( ) Yes, please explain: \_\_\_\_\_
6. Does your child have special needs or other information that the faculty should be aware of?  
( ) No ( ) Yes, please explain: \_\_\_\_\_

### EMERGENCY INFORMATION

In case of a medical emergency while my child attends, I understand that the following procedures are followed:

1. The program will contact parent(s) at the telephone numbers listed on the registration form.
2. If no parent is available in an emergency, the program will contact the emergency contact listed below.
3. First Aid will be provided and appropriate measures taken, including contacting Emergency Medical Services.
4. The program will arrange for an ambulance or other emergency vehicle to the preferred hospital listed below (or the nearest emergency medical facility, if necessary).
5. The program may contact my child's physician at the telephone number given below.

Please list person, other than parents, to contact in case of an emergency (someone who will know your location).

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone Number \_\_\_\_\_ Any Other Information? \_\_\_\_\_

If a medical emergency arises and a parent/guardian or persons designated above cannot be reached, I hereby authorize the Day One Christian Academy Faculty and/or Gloria Dei Staff to authorize permission for emergency medical treatment from my child's physician, emergency medical corps, and/or local hospital to follow the above procedure.

 **Please Initial**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference (indicate specific location) \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Insurance # \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Train up a child in the way he should go, and when he is old he will not turn from it. Proverbs 22:6*