



PLEASE COMPLETE ALL INFORMATION

Child's Name _____ Gender _____ Age _____ Date of Birth _____

Mailing Address _____ City _____, Texas Zip _____

Primary E-mail (s) _____ Contact Method () E-Mail () Phone

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

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

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

⇒ Infants Indicate Schedule: () 6:30 AM-6:30 PM () 8 AM-5 PM () 9 AM-3 PM

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

⇒ Toddlers / PS / PK Indicate Schedule:

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

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. I am licensed as a federal/state law enforcement agent () Yes () No If yes, I may be carrying a firearm. () Yes () No

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

If divorced, who has custody? _____

Does law allow the release of child to either parent? () Yes () No - A copy of the court order **must** be in our files.

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.

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? _____

2018-2019 SCHOOL USE ONLY:

Application Fee _____ Registration Fee _____ Entry Date _____ 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