KidsCare

DATE OF ADMISSION_____

CHILD'S FULL NAME_____

ADDRESS_____

NICKNAME_____

DATE OF BIRTH_____

NAME(S) OF PARENT(S), GUARDIAN_____

HOME ADDRESS_____

TELEPHONE NUMBER_____

EMAIL ADDRESS_____

BUSINESS ADDRESS OF MOTHER
NAME OF BUSINESS_____

ADDRESS_____

TELEPHONE NUMBER_____

INSTRUCTIONS TO REACH MOTHER_____

BUSINESS ADDRESS OF FATHER
NAME OF BUSINESS_____

ADDRESS_____

TELEPHONE NUMBER_____

INSTRUCTIONS TO REACH FATHER_____

EMERGENCY CONTACT AND AUTHORIZED PICK UP PERSON

NAME_____TELEPHONE_____

NAME_____TELEPHONE_____

NAME_____TELEPHONE_____

PLAY

CHILD'S FAVORITE ACTIVITIES-INDOOR_____

CHILD'S FAVORITE ACTIVITIES-OUTDOOR_____

ALLERGIES

DOES YOUR CHILD HAVE ANY ALLERGIES (FOOD, MEDICATION, INSECTS ETC.)?_____

ANY SPECIAL MEDICAL, PHYSICAL OR EMOTIONAL ISSUES?_____

_____

ADD ANY INFORMATION ABOUT YOUR CHILD, WHICH YOU FEEL, WOULD HELP THE STAFF IN OFFERING A GOOD EXPERIENCE FOR HIM/HER.

_____

_____

DAYS OF ATTENDANCE

MONDAY_____TUESDAY_____WEDNESDAY_____THURSDAY_____FRIDAY_____

ARRIVAL_____DEPARTURE_____

GENERAL PERMISSION

THROUGHOUT THE SCHOOL YEAR, KIDSCARE MAY TAKE WALKS IN THE NEIGHBORHOOD TO AREA PLAYGROUNDS AND BEACHES. IN ORDER FOR YOUR CHILD TO PARTICIPATE, PLEASE FILL OUT THE FORM BELOW.

I GIVE **KIDSCARE STAFF MEMBERS** PERMISSION TO TAKE MY CHILD, _____ OFF THE PREMISES OF THE JACOB SCHOOL TO WALK TO NEIGHBORHOOD PLAYGROUNDS AND BEACHES.

PARENT SIGNATURE_____DATE_____

CHILD'S PEDIATRICIAN OR SOURCE OF HEALTH CARE

NAME_____TELEPHONE_____

ADDRESS_____

MEDICAL EMERGENCY TREATMENT

I HEREBY GIVE **THE STAFF AT KIDSCARE** PERMISSION TO ADMINISTER FIRST AID AND/OR CPR ON MY CHILD_____ AND/OR TAKE MY CHILD_____TO A HOSPITAL FOR MEDICAL TREATMENT WHEN I CANNOT BE REACHED OR WHEN DELAY WOULD BE DANGEROUS TO MY CHILD'S HEALTH.

_____ _____
(DATE) (PARENT OR GUARDIAN SIGNATURE)

MEDICAL INSURANCE INFORMATION (OPTIONAL)

SUBSCRIBER'S NAME_____

TYPE OF INSURANCE_____

POLICY NUMBER_____

_____ _____
(DATE) (PARENT OF GUARDIAN SIGNATURE