

ADMISSION INFORMATION

Operation Name Immanuel Christian Child Care Center		Director's Name Lori Cooper	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission		Date of Withdrawal	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:	
1. <input type="checkbox"/> TRANSPORTATION:		<input type="checkbox"/> Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
2. <input type="checkbox"/> FIELD TRIPS:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:	
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES:		I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:	
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

ADMISSION INFORMATION

SCHOOL AGE CHILDREN:

My child attends the following school:

 Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. | My child has permission to: walk to or from school or home,
 Vision and Hearing screening records are also on file. | ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

 Health Care Professional's Signature Date
2. A signed and dated copy of a health care professional's statement is attached.
3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

 Signature - Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
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SIGNATURE _____	DATE _____
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HEARING	1000 Hz	2000 Hz	4000 Hz	
R	_____	_____	_____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
L	_____	_____	_____	

SIGNATURE _____	DATE _____
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IMMANUEL CHRISTIAN SCHOOL SUMMER CAMP AGREEMENT



I understand that the following rules and guidelines must be followed during the Summer Camp Program at Immanuel Christian School:

1. If my child is ill, I will not bring him/her to Summer Camp.
2. Should my child become ill or injured during the day, I agree to come and pick him/her up upon notification by the school office.
3. Clothing must be modest. (Please no rock groups, beer logos, monsters, ghosts, etc.)
4. Electronic games and trading cards are not permitted, except where noted.
5. All medication:
 - Must be checked in by the parent in the Daycare Office.
 - Must have written slip indicating times, dosage, name of student, and dates to be given on file in the Daycare Office.
 - Must be in original container with original label and not expired.
 - Prescription drugs will be administered only if the student's name is on the bottle and only according to label directions.
6. My child is expected to abide by all rules and procedures. Should my child continually misbehave after being corrected and it is believed to be in the best interest of the school I understand he/she may be withdrawn from the Summer Camp program.

Family Name (print)

Parent's Signature

Date

Student's Name

Age

Student's Name

Age

FINANCIAL AGREEMENT

I UNDERSTAND THAT WEEKLY FEES ARE TO BE PAID AT THE BEGINNING OF THE WEEK AND THAT DAILY FEES MUST BE PAID IN ADVANCE.

Parent's Signature

Date



IMMANUEL CHRISTIAN SCHOOL
A ministry of
IMMANUEL BAPTIST CHURCH



It is my understanding that the policy of the school is to make no refunds on registration fees. As noted, I have given permission for my child to take part in all summer camp activities, including sports and summer camp or school sponsored trips away from the school premises. This also includes water play here at the school, in wading pools and water tables. I also believe that discipline is necessary for each student, as well as for the entire school. I give permission for my child's daycare instructor and/or other agent of the school to make and enforce the rules in a manner consistent with Christian principles. I further agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of injury or alleged injury to my child. Should legal action, for any reason be taken against Immanuel Christian School or any employee or agent thereof, on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Immanuel Christian School or its agent should incur to defend itself against such action.

This statement of cooperation will be in effect for as long as my children are enrolled at Immanuel Christian School for Summer Camp. I understand that should my marital status change, it is my responsibility to have a corrected statement of cooperation updated, signed and delivered to Immanuel Christian School.

Mother/Stepmother Name (print)

Father/Stepfather Name (print)

Mother/Stepmother Signature

Father/Stepfather Signature

Date

BOTH PARENTS MUST SIGN UNLESS SOLE GUARDIANSHIP IS APPLICABLE.

Sole Guardian Name (print)

Date

Sole Guardian Signature

Immanuel Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.