

Summer Camp

Name: _____
 Last Grade Completed: _____ Age: _____ Gender: _____
 _____ Registration (\$250) _____ June (\$550) _____ July (\$550)

G. Child's preadmission record

DI-IR-CDC-739

CHILD' S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility home/center.

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: (
Address of parent(s)/guardian(s):	
Mother's Employer:	Father's Employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number: (Employer's Telephone Number: (
List telephone numbers such as pager, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person s to be contacted in an emergency if parents/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number
Name of child's doctor:		Address:	Telephone number:

Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

Signature Date

Form not valid without signature of child's parent/guardian

Page one of two-form not valid without second page

Describe any special needs or instructions below:

Person s the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand the Department of Human Resources does not inspect activities away from me child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

Signature of parent/guardian Date

I give permission for my child to participate in:

	Circle es or no and si n each line		Signature of parent/guardian	Date
	yes	no		
Activities away from the facility:				
Transportation provided by the facility:				
Swimming/wading activities provided by the facility:				

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

___ This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

Additional information may be attached.

Calvary Weekday Ministry

Family Information

Internet/Photo Release

Calvary Weekday Ministry/Preschool and Kindergarten have separate Facebook pages and webpages included with Calvary Baptist Church that occasionally feature the faculty, staff, and our students, information about our programs, announcements and more. We feel this is an important way to keep our families informed of activities and events. At times, we may post photos of children on our Facebook pages or our website. Under no circumstances will a child's last name, address, or phone number be listed on our website or social media or any publication involving Calvary Weekday Ministry/Preschool and Kindergarten.

For these reasons, we are asking for your permission to use your child's photograph on our website, social media, or in publications.

() **DO**, following the limitations outlined above, grant my permission to use my child's photograph on the website, social media, or in other printed publication associated with Calvary Weekday Ministry/Preschool and Kindergarten.

() **DO NOT**, grant my permission to use my child's photograph on the website, social media, or other printed publications associated with Calvary Weekday Ministry/Preschool and Kindergarten

Child's Name: _____ Birthdate: _____

Signature of Parent/Guardian: _____

Date: _____

Procure Account will withdraw from: __ bank account __ Credit/Debit Care (+3%)

- Parent's Relationship to each other:
__ Married __ Divorced __ Separated __ Single
- Child Lives with (Check all that apply):
__ Mom/Dad __ Mom __ Father __ Other _____
- Name of Church Parent's Attend Regularly: _____
- How did you find out about our program? _____

Is there any information you would like to share about your child/family?

Emergency Medical Information

Child's Name _____ Birthdate _____
Address _____ Phone _____
_____ Zip Code _____
Father's Name _____ Phone _____
Father's Employer _____ Phone _____
Mother's Name _____ Phone _____
Mother's Employer _____ Phone _____
Child's Doctor _____ Phone _____

Persons to be contacted if Parent/Guardian cannot be reached: (please put in order of how to call)

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Allergies to: Food _____ Medication _____

Medication taken on a regular basis _____

Calvary Weekday/Calvary Preschool and Kindergarten has my permission to take my child to,
_____ to the Emergency Room and then notify me.

Name of Medical Insurance Company _____

Name of Policy Holder _____ Policy Holder's Birthdate _____

Policy Number _____ Group # _____

Participant's Social Security Number _____

Child's Social Security Number _____

Parent/Guardian's Signature

Date