

Grace Zone After School Enrollment Form

Child's Name:	Date of Birth:	Gender: M or F	Child's Home Telephone No.
Child's Home Address, City, State & Zip:			
Date of Admission:	Date of Withdrawal:	Hours and days child will be in care:	
Parent's/Guardian's Name:		Address(if different from child's address):	
List telephone numbers where parents /guardian may be reached while child will be in care:	Mother's Telephone No:	Father's Telephone No.	Guardian's Telephone No.
Place of Employment:			Phone Number:
Give the name, address, and phone number of person to call in case of an emergency if parents/guardian cannot be reached:			Relationship:

CHECK ALL THAT APPLY:

1. **Transportation:** I hereby give do not give – my consent for my child to be transported and supervised by the operation's employees.
 for emergency care on field trips to and from home to and from school
2. **Receipt of Written Operational Policies**
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.
3. **Free or Reduced Lunch Eligibility**
 Yes No
4. **Enrollment 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:
 - a. Health-care professional's statement: I have examined the above named child within the past year and find the he/she is able to take part in the day care program.

Health Care Professional's Signature

Date

- b. A signed and dated copy of a health care professional's statement is attached.
- c. 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.
- d. My child has been examined with 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 Guardian

Date

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 Guardian

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

School Age Children:

My child attends the following school:

Name of School and Address

School Ph.#

Check all the apply:

His/her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current.
Vision and hearing screening records are also on file.

- My child has permission to ride a bus
 Walk to and from school, and/or
 Be released to the care of his/her sibling(s) under 18 years old

Name of sibling (s):

Signature- Parent or Legal Guardian

Date