



Registration Form

Year 2018-2019

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Phone Number _____

Father's Home address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____

Father's email _____

Mother's Name _____ Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____

Mother's email _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

Name _____ Address _____

Telephone Number _____ Relationship _____

Name _____ Address _____

Telephone Number _____ Relationship _____

Name _____ Address _____

Telephone Number _____ Relationship _____

Child's Physician or Clinic's Name _____ Phone: _____

My child has the following special need(s) _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term use and/or has the following pre-existing illness, allergies, or health concerns: _____

I verify the above information to be correct and true _____

Date _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ date of birth _____

suffer an injury or illness while in the care of **Kids Connection Preschool** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____

Date: _____

Facility Administrator/Person-In-Charge: _____

Date: _____

PARENTAL AGREEMENT

I understand that **Kids Connection Preschool** is not licensed in the state of Georgia due to exemption #6 Nursery school, playschool, kindergarten, etc., No more than 4 hours per day.

Kids Connection Preschool carries liability insurance.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant change as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, etc. which include my child.

I authorize the facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for **Kids Connection Preschool**.

I understand that the facility will advise me of my child's progress and issues relating to my child. I also understand that my participation is encouraged in facility activities.

Parent/Guardian _____ Date _____