

Parkway Christian School
2019-2020 Childcare Registration Form

STUDENT INFORMATION

Student's Name: _____ Grade: _____ Teacher: _____

Student's Name: _____ Grade: _____ Teacher: _____

Student's Name: _____ Grade: _____ Teacher: _____

Student's Name: _____ Grade: _____ Teacher: _____

Home Address: _____ City/State/Zip: _____

Home Phone: (____) _____

PARENT/GUARDIAN INFORMATION

Circle One: Married Divorced Separated Widowed Single Other

Relationship to student: Parent Guardian Grandparent Other _____

Father's Name: _____

Father's Employer: _____ Occupation: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Mother's Name: _____

Mother's Employer: _____ Occupation: _____

Work Phone: (____) _____ Cell Phone (____) _____

COMMENTS

Please list any additional comments or concerns about your family that might be important for our staff to know.

Please indicate the times your child will be attending our childcare program:

_____ Morning Care (By reservation ONLY) _____ After School Care

Annual Registration Fee: \$10 per child or \$20 per Family

HEALTH INFORMATION

Health Insurance Company: _____ Policy #: _____

Doctor: _____ Telephone: (____) _____

List any special instructions regarding medical problems, allergies, or medication.
Children may not keep any medications with them. Staff is not allowed to dispense medication. Ask for a #5 Form, complete and return to Administration with medication. All medications are kept in the school clinic for dispensing.

My child(ren) (LIST NAME(S) of children) is/are allergic to:

Which, if any, of allergies listed above are **life threatening** (list child(ren)'s names) :

Is/Are an EpiPen(s) kept in the school clinic for the above named child(ren)? Yes or No

How reaction is triggered: ingesting inhaling direct skin contact other: _____

Pertinent allergy information; BE SPECIFIC: _____

My child is subject to: _____ My child is currently taking medication: Yes No

If yes, Name of Medicine _____ Reason _____

Please complete all information requested above. In an emergency, the above information will be sent with your child to the hospital in the case when parents cannot be reached. .

I hereby give Parkway Christian School, expressly the principal, my permission to use her judgment in case of extreme emergency when no parent or other member of the immediate family can be located. She may give the hospital permission to do whatever is necessary with regard to medical or surgical treatment.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACTS AND/OR PICK UP CONTACTS INFORMATION

Persons designated as emergency contacts may act on my/our behalf if parents cannot be reached.

Persons designated for pick up may pick up my child/children.

Type of Contact
(please check all that apply)
Emergency **Pick up**

_____	_____	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship to Child	Telephone Number		
_____	_____	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship to Child	Telephone Number		
_____	_____	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship to Child	Telephone Number		
_____	_____	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Relationship to Child	Telephone Number		

Parents must call or send written authorization to school if anyone other than parents or persons authorized above will be picking up student(s). Persons not listed above will be required to show picture id when picking up students. Aftercare may be reached by dialing the school number and then extension 336 after school hours.

All information provided on this registration form is true and correct and I understand that all fees are non-refundable.

Parent Signature: _____ Date: _____

Office Use Only:

Amt paid \$ _____ Cash Check # _____ _____ pay via existing Tuition Express Account