



**Medical Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Food Restrictions \_\_\_\_\_

**Release Information**

Your child will be released to only authorized persons listed on this form. In case of unforeseen circumstances, please give the name/phone number of any other person who may pick up your child.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information**

Where Kids Fit requires an up to date immunization record (or signed affidavit against such immunizations) for all children. Immunization record be turned into the teacher the first week of school.

**Parental Consent Form**

I, undersigned parent or legal guardian, hereby give consent for the minor named below to participate in the activities of Where Kids Fit of Rome, Ga. for 2018-2019 year. I understand that said activities will occur both on and off of the property and will include possible

traveling within Rome, Floyd County and may include transportations but not limited to personal vehicles.

Medical Information

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
Policy or Group Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Subscriber Name \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies \_\_\_\_\_

Medications

Authorization for Treatment and Release of Claims

I, the undersigned do for myself and on behalf of my child under 18 years of age, give permission for an attending physician or hospital to administer medical care if deemed necessary by a physician. I, the undersigned, do( for myself and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the director, employees, volunteers, and agenda of Where Kids Fit Preschool of Rome, from any and all claims and demands for personal injury, sickness and death as well as property damage and expenses, of any nature incurred (by myself or my child under 18 years of age). I assume personal responsibility for any loss of property incurred by myself (or my child under 18 years of age) at the event by theft or otherwise. I also assume personal responsibility for all medical bills (for myself or child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise. I hereby assume responsibility for all transportation costs. I further understand that photographs, audio recordings, and video recordings may be created during the event, and I give permission for Where Kids Fit Preschool of Rome to use any or

all recordings my child in publications videos, website design, or other media expressions.

**I, the undersigned, attest that the information provided in the Parental Consent Form is true and complete.**

**Child's Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

**sign in presence of Notary)**

**Print Name** \_\_\_\_\_

**Date Signed** \_\_\_\_\_ **In Presence of**

\_\_\_\_\_  
**(NOTARY SEAL)**

**Commission Expires** \_\_\_\_\_

### **Emergency Consent**

**Our policy is to notify a parent when a child is ill or needs medical attention. If an emergency arose and your child needed medical care, and we could not reach you, we would take your child to the emergency room at Floyd Medical Center. Please sign below so we can take appropriate action on behalf of your child.**

**I hereby give my/our consent for my/our child, \_\_\_\_\_**

**When ill or injured, to be taken to the emergency room at Floyd Medical center by the staff of Where Kids Fit when I/we cannot be contacted. I consent to an ambulance being called to transport by child, if necessary. I further agree to pay all costs incurred for care and transport.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I understand the Where Kids Fit is not required to be licensed by the State of Georgia, and that Where Kids Fit complies with all zoning, fire and health department requirements.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Where Kids Fit Attendance

I want my child to attend Where Kids Fit on:

Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

### Payment Options:

I will pay tuition monthly \_\_\_\_\_

I will pay the full year's tuition in August (5% discount) \_\_\_\_\_

Referral Discount: (Please circle or fill in if it applies).

I referred the following children to Where Kids Fit this year (2018 - 2019), therefore, I am eligible for the \$5 per month discount on my child's tuition,

Referred Child's name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Referred Child's name \_\_\_\_\_ Parent's Name \_\_\_\_\_

I was referred by a current student to Where Kids Fit this year.

Child's name \_\_\_\_\_ Parent's name \_\_\_\_\_

I have 2 children attending Where Kids Fit, therefore I will get a discount of \$20 per month for one child. \_\_\_\_\_

# **Where Kids Fit**

## **Media/Photography:Consent/Release Form**

**Please complete this form in order to allow, or not allow your child(ren) to be photographed during activities at Where Kids Fit. In order for a child to have their photograph taken, we must have a consent form on file at Where Kids Fit.**

**If you do not want to have your child photographed, please indicate this in the section below. If you object, please ensure that your child is aware of this.**

**As the parent of a child/children at Where Kids fit, I understand the following:**

- My child(ren) whose name(s) are listed below may be photographed at Where Kid Fit during normal activities or field trips.**
- These photographs may be used in school newsletters or put on Where Kids Fit website or facebook page or other media, without further consideration.**
- Where Kids Fit may crop or treat the photo at their discretion. Where Kids Fit may choose not to use my photographs at this time, but many at a later date.**
- One an image is posted on the website, it bay be downloaded by any computer user anywhere in the world.**
- Where Kids Fit reserve the right to discontinue use of photograph without notice.**
- The following are the names of my child(ren) attending Where Kids FIIt. (Please print your child's full name).**

Yes, I confirm that I have read and understand the above and agree to have photos of my child(ren) mounted on Where Kids Fit facebook group, website, newsletters, other media. I agree to indemnify and hold harmless Where Kids Fit its members and staff from claims arising out of the use of my photographs.

My child(ren) maybe photographed for classroom use only, not for online use.

No, I do not wish to have my child(ren) photographed.

Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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