

Angel Sprouts Academy REGISTRATION

Child's Full Name: _____ **Birth Date:** _____

Child lives with: Mother _____ Father _____ Both Parents _____ Other _____

Mother's Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ **Cellular Phone:** _____

Name of Employer: _____ **Work Phone:** _____ Ext. _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License Number: _____

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Father's Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ **Cellular Phone:** _____

Name of Employer: _____ **Work Phone:** _____ Ext. _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License Number: _____

Parent/Guardian with Legal Custody: _____

Parents are: Married____ Living Together____ Divorced____ Separated____ Widowed____ Single____

Other Household Members:

Names

Ages

Relationships

Emergency Contacts
(Other than Parent or Guardian)

Name of PRIMARY Emergency Contact: _____

Home Phone: _____ Work Phone _____

Cellular Phone _____ Relationship to Child: _____

Address: _____

Name of SECONDARY Emergency Contact: _____

Home Phone: _____ Work Phone _____

Cellular Phone _____ Relationship to Child: _____

Address: _____

Person (s) **AUTHORIZED TO PICK UP YOUR CHILD**
(Besides Parents, Guardians or Emergency Contacts)

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Person (s) **NOT AUTHORIZED** TO PICK UP YOUR CHILD:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Please be aware that providers are legally obligated to release a child to both parents regardless of circumstances, unless legal documents have been provided by either parent terminating the rights to the other. Angel Sprouts Academy can not release a child to a parent/guardian or anyone who seems to be intoxicated or impaired.

It is the responsibility of the parents to notify the Center if any information changes. Changes can not be made over the phone. Changes must be in writing and signed by the parents.

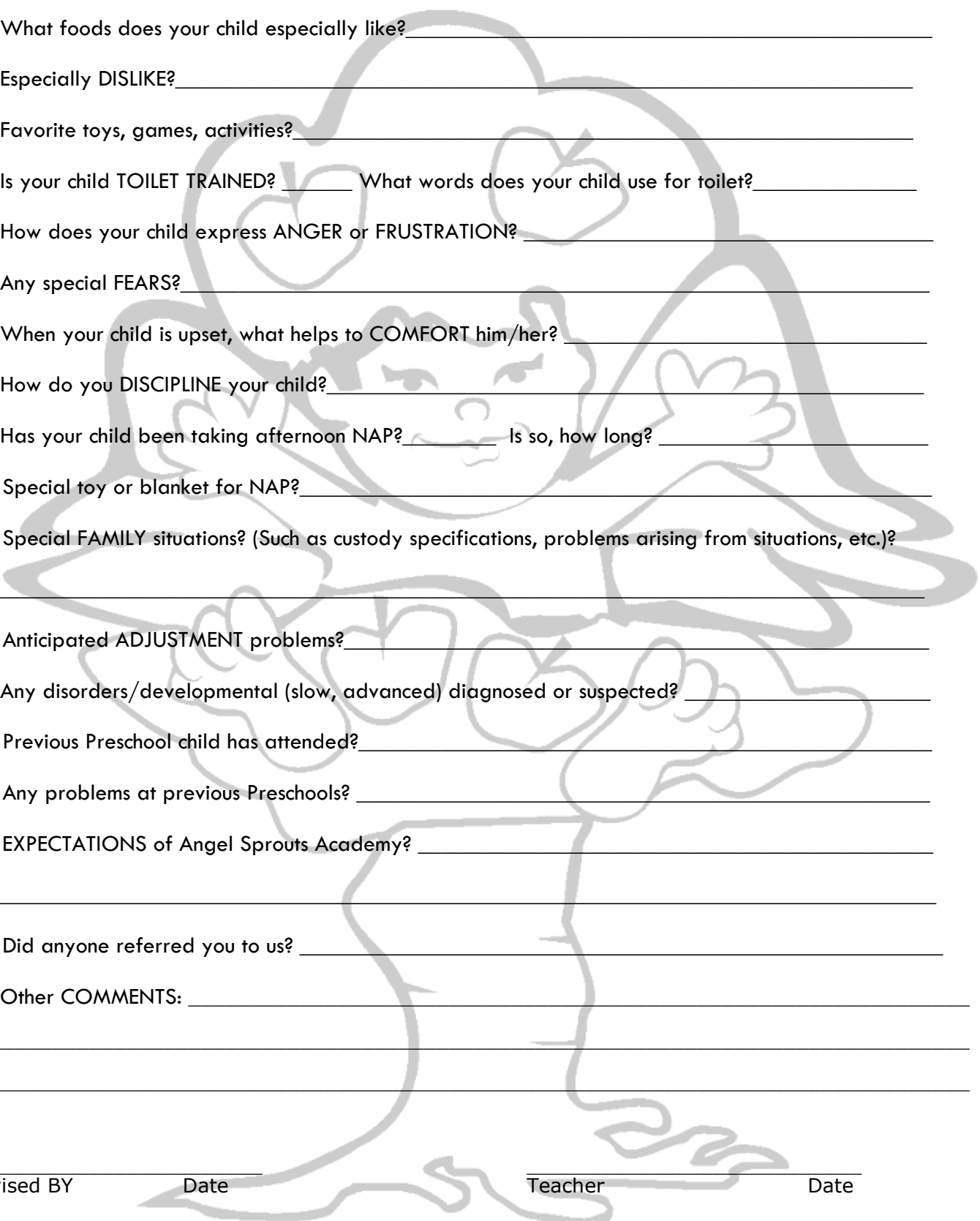
The Center will not release a child to anyone else that is not on the list. The parent releases Angel Sprouts Academy, Inc. of any responsibility due to any non-given information about who is/is not authorized to pick up their child.

Parents must sign in and out EVERY DAY with FULL NAME

Parent/Guardian Signature

Date

About Your Child

- 
1. What foods does your child especially like? _____
 2. Especially DISLIKE? _____
 3. Favorite toys, games, activities? _____
 4. Is your child TOILET TRAINED? _____ What words does your child use for toilet? _____
 5. How does your child express ANGER or FRUSTRATION? _____
 6. Any special FEARS? _____
 7. When your child is upset, what helps to COMFORT him/her? _____
 8. How do you DISCIPLINE your child? _____
 9. Has your child been taking afternoon NAP? _____ Is so, how long? _____
 10. Special toy or blanket for NAP? _____
 11. Special FAMILY situations? (Such as custody specifications, problems arising from situations, etc.)?

 12. Anticipated ADJUSTMENT problems? _____
 13. Any disorders/developmental (slow, advanced) diagnosed or suspected? _____
 14. Previous Preschool child has attended? _____
 15. Any problems at previous Preschools? _____
 16. EXPECTATIONS of Angel Sprouts Academy? _____

 17. Did anyone referred you to us? _____
 18. Other COMMENTS: _____

Revised BY _____ Date _____

Teacher _____ Date _____

Health History

Child's Name: _____ Date of Birth _____

Any known ALLERGIES? Yes _____ No _____

If yes, please explain: _____

Has your child had any of these diseases?

___ Constipation
___ Convulsions
___ Diarrhea
___ Fainting Spells
___ Frequent Ear Infections
___ Frequent Sore Throat
___ Lice
___ Ringworm
___ Skin Rash
___ Soiling
___ Stomach Upsets
___ Urinary Problems
___ Worms

___ Asthma
___ Bronchitis
___ Chicken Pox
___ Diabetes
___ Heart Disease
___ Hepatitis
___ Impetigo
___ Measles
___ Mumps
___ German Measles
___ Polio
___ Scarlet Fever
___ Tuberculosis
___ Whooping Cough

Other ILLNESSES (Besides above)? _____

Has your child been HOSPITALIZED? (If yes, explain) _____

Has your child had INJURIES with fractures or loss of consciousness? (If yes, explain) _____

Any other family members of your family with SERIOUS ILLNESS recently? _____

Any other family member of your family with history of: ASTHMA ___ DIABETES ___ EPILEPSY ___

Any special instructions? _____

Parent Signature

Date

EMERGENCY RELEASE

Consent to Emergency First Aid & Transportation & Consent to Medical Care and Treatment

I hereby give permission that my child, _____, may be given emergency treatment by a qualified staff member at the Angel Sprouts Academy, Inc. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment, and agree to hold Angel Sprouts Academy, Inc. and its employees harmless.

Parent/Guardian Signature

Date

I give permission to an Angel Sprouts Academy Inc. staff to drive with my child and stay with my child in the hospital until I or any other family member arrives to his/her side.

Participation Liability Release

I, _____, parent or guardian of _____, give my permission for my child to participate in all the program activities. I understand that even when every reasonable precautions are taken, an accident can and will sometimes happen. Therefore, in exchange for Angel Sprouts Academy, Inc. allowing my child to participate in the activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless Angel Sprouts Academy, Inc. and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in these activities on their premises. I understand that this release includes any claims based on negligence, action, or inaction of Angel Sprouts Academy, Inc., its staff, boards, volunteers, directors, members or guests.

Insurance: It is the responsibility of every individual, their parent/legal guardian, to provide for their own accident and health coverage.

Medical Treatment: I give permission for staff members to administer CPR and/or First Aid if deemed appropriate or necessary.

I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form.

Parent/Guardian's Signature

Date