



CHRISTOCRATS ACADEMY OF SCIENCE AND TECHNOLOGY
815 W RUTLEDGE AVENUE, GAFFNEY, SC 29341
admissions@christocratsacademy.com

Registration Form

Child: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Nickname: _____

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Father: _____ Email _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child (Write as it appears on their legal ID card. Authorized persons will be asked to present ID):

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Child's Doctor: _____ Phone: _____

Address _____

Health Plan _____ Group#: _____ ID#: _____

Are your Child's immunizations up to date? Yes () No ()

Note: upload a copy of immunization record to brightwheel

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Check (✓) any of the following illnesses the child has had:

Asthma Earaches Mumps Whooping Cough Bronchitis

Eczema Pneumonia Polio Chicken Pox Frequent Colds

Croup Convulsions Measles Influenza Rheumatic Fever

Diphtheria Tonsillitis Other: _____

Does your child have any known allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

Medication Emergency Care Authorization

Should my child suffer an injury or illness while in the care of Christocrats Academy of Science & Technology 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 agree to keep the facility informed of changes in telephone numbers, etc. where I/We can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. Permission is granted to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well being of my child. I agree to accept the financial responsibility for all medical and transportation expenses incurred.

In consideration of the registration of my child, I release Christocrats Academy of Science & Technology and their related companies, directors, officers, employees and agents, from any claims, losses, damages or costs (including attorneys' fees) caused by or arising from my child's registration, use of the facility, or participation

in the programs and activities conducted by the program other than to the extent caused by the negligent or willful misconduct of the program and their related companies, directors, officers, employees and agents.

I authorize CAST to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, diaper rash cream, etc.

Yes No I authorize use of pain relievers such as acetaminophen or ibuprofen.

Yes No I authorize use of children's cough syrup, strips or (cough drops as appropriate for age).

Yes No I authorize use of children's allergy or cold medicine for runny or stuffy nose.

Yes No I authorize use of children's stomach ache remedies, such as children's Pepto.

NOTE: All medication must be brought in by parents. Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

I authorize CAST to obtain the following services for this child if necessary: Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Transportation Authorization

- I acknowledge that CAST does not provide transportation of any kind at this time. Parents will have to pick up their child.

Comments/Exceptions: _____

Water Play Authorization

Please be informed that water play/swimming is a high-risk activity and thus permission is required for children to participate in these activities. We participate in **water tables and sprinklers** only.

- I authorize my child to participate in ALL water activities offered.

Except: _____

- I do NOT authorize my child to participate in ANY water activities.

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

- I give permission to CAST to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

In Addition:

- I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).
- I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

I do NOT want any photos/videos taken of my child.

NO EMPLOYMENT:

I will not solicit, employ or enter into any contract with any employee of Christocrats Academy of Science & Technology to perform child care or similar services under any circumstances without the express consent of Christocrats Academy of Science & Technology. If I employ or contract with any employee of Christocrats Academy of Science & Technology or person who within one year of the date of such employing or contracting was employed or under contract with Christocrats Academy of Science & Technology, I will pay the School a placement fee of \$5,000.

Additional information, notes or agreements made between this program and parents or guardians:

(Date)

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)