



## GraceKids 2018-2019 Registration Information

Child's Name #1: \_\_\_\_\_  
Last First Middle

Nickname: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of 09/01/2018: \_\_\_\_\_

Child's Name #2: \_\_\_\_\_  
Last First Middle

Nickname: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of 09/01/2018: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child lives with: Father Mother Both Grandparents Other: \_\_\_\_\_

### Emergency Contact Information

In the event I cannot be reached for a medical emergency, I, \_\_\_\_\_, hereby authorize GraceKids to transport and/or obtain treatment for my child \_\_\_\_\_.

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Student Pick Up

It is our policy that you must submit a change in pick-up in writing. A staff member will check the driver's license of the person picking your child up from school. Please list three persons who have your permission to pick up your child, and who could be contacted in case of an emergency, if a parent could not be reached.

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



## Medical Information

*\*\*It is our policy that each child have up-to-date vaccination records at the time of registration.*

Child's Name: \_\_\_\_\_

Does your child require medication for a chronic illness and/or condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe illness/condition and all required medications:

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Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate: Food \_\_\_\_\_ Insect \_\_\_\_\_ Medication \_\_\_\_\_ Other \_\_\_\_\_

If yes, please describe your child's allergies including any symptoms of an allergic reaction:

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Is your child under a doctor's supervision for their allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child require an epinephrine pen? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have respiratory problems? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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**\*\*If you choose to exempt your child from the immunization requirements for reasons of conscience, you must provide an official notarized affidavit form developed and issued by the Department of State Health Services before your child attends class. Please know this affidavit is valid for 2 years.**



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## 2018-2019 GraceKids Photo Permission Form

I give my permission for GraceKids Mother's Day Out to use images of my child,  
\_\_\_\_\_, on the private GraceKids Parents Facebook group.

I give my permission for GraceKids Mother's Day Out to use images of my child,  
\_\_\_\_\_, on the public GraceKids Facebook page.

*\*Disclaimer: Facebook is a public website.*

I understand that if GraceKids Mother's Day Out chooses to use my child's image for promotional purposes, I will be contacted for permission prior to publication.

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_