



Child Registration Form

(Physical, Shot Records and Birth Certificate Must be turned in by the 1st day of school/camp.)

For Office Use Only:	Date of application: Registration Paid: Teacher/Program:	Date of Entry: Last Day attended:
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Student Information

Student's Name:	Name child prefers to be called:	Age:	Sex:
Date of Birth:			
Home Address:			
Please list the names of school/daycare centers previously attended:			
If your child will be attending Sandbridge Chapel Day School and another school/program, please give the name of the other school/program and grade:			
Does your family have a church home?		If so, what church?	

Parents/Guardians Information

Mother:	Employer:	Business Phone:	Email Address
Home Address: (If different)		Home Phone:	Cell Phone:
Father:	Employer:	Business Phone:	Email Address
Home Address: (If different)		Home Phone:	Cell Phone:

Person(s) or Agency Having Legal Custody of Child if other than parent listed above:	Business Phone:	Email Address:
Home Address:		Home Phone:
Business Address:		Cell Phone:

Agreements

- 1. I hereby give permission for the above named child to participate in field trips with the school. I understand that I will be notified prior to a scheduled field trip, and will be give information regarding transportation, destination, special lunch or food arrangements, arrival and departure time. I hereby release Sandbridge Chapel Day School, its employees and agents from any and all liability for injuries sustained by my child while preparing for, going to, participating in, or returning from said field trips.
- 2. I hereby provide my consent for Sandbridge Chapel Day School to use photographs and/or interviews with me and/or my child(ren) in connection with publicizing or promoting the school.
- 3. I/We agree to hold Sandbridge Chapel Day School harmless for any harm that your child/ren may experience while under the care of any staff you employ as a childcare provider outside of SCDS. We are aware of the program’s No Babysitting Policy and chose to take exception to that policy.

Signature of Parent/Guardian:

Date:

Program Information

To ensure an understanding and acknowledgement of program information, please review and initial each item below:

_____ Staff will attempt to notify me whenever my child becomes ill, has behavior issues, or in situations of emergency or inclement weather. I will arrange to have my child picked up within one hour of notification.

_____ If my child or someone in my household comes down with a reportable communicable disease, I will notify staff within 24 hours so they can notify the parents of other students and the local health department when necessary (all names will remain confidential).

_____ An emergency operations plan has been developed to help staff and participants be prepared for situations. This is posted in all classrooms and is updated each fall. A copy of the plan is available upon request.

_____ I will provide my child’s proof of identity (original birth certificate, passport, hospital record of birth), physical, and immunization record by my child’s first day of attendance.

_____ I have reviewed the contents of the Parent Handbook and will comply with all its contents.

_____ I understand that the termination/withdrawal policy of SCDS requires a two week written notice. If proper notice is not provided I will be responsible for the tuition fees.

_____ Tuition is due prior to attendance. I am aware of the specific tuition fees and deadlines for the registered program. Late payments will be assessed a fee and could result in the child being unable to attend programs.

I hereby certify that all information noted above is correct and true. I understand the financial commitment involved in enrollment at Sandbridge Chapel Day School. In addition, I agree to meet the financial commitment to Sandbridge Chapel Day School and to abide by the policies and procedures set for in the Parent Handbook.

Signature of Parent/Guardian:

Date:

Emergency Information

**Please fill out both sides of this form and do not leave any blank spaces!
If not applicable to you please put N/A in space.**

Child's Name:	Birth Date:
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Mom's Name:	Home Phone	Cell Phone	Work Phone
Dad's Name:	Home Phone	Cell Phone	Work Phone
Parent's Email Address:			

Allergies or Intolerance to Food, Medication, etc.,	
Action to Be Taken in Case of An Emergency:	
Chronic Physical or Developmental Difficulties/Illness:	
Child's Physician:	Phone Number:

**Two People to Contact and authorized to pick up if Parent(s) Cannot Be Reached
Do Not Put N/A in either of these spaces; you MUST list two emergency contacts**

1.	Name: Street Address : City, State, Zip Code:	Home Phone: Work Phone: Cell Phone:
2.	Name: Street Address: City, State, Zip Code:	Home Phone: Work Phone Cell Phone:

Persons Authorized to Pick Up Child (other than parents or emergency contacts)

This is not a required section; however it is very helpful to have anyone you may have pick up your child listed as we can not allow children to go home with anyone who you have not given written authorization.

Please put N/A in all empty spaces.

Name:	Home Phone: Cell Phone:
Name:	Home Phone: Cell Phone:
Name:	Home Phone: Cell Phone:
Name:	Home Phone: Cell Phone:
Name:	Home Phone: Cell Phone:

Persons NOT Authorized to Pick Up Child*

*Appropriate paperwork such as court orders etc. should be attached if a parent is not permitted to visit or pick up the child.

The Parent(s)/Guardian authorizes Sandbridge Chapel Day School to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. I/WE will be responsible for payment of medical care expenses.

2. Medical treatment costs are covered by:

Name of Medical Insurance _____ **Policy Number** _____

Insured Parent's Name _____

No Insurance _____

Signature of Parent or Guardian _____ **Date:** _____

***This authorization is valid from the date of signing until the child is no longer enrolled in the school or until parent/guardian updates form.**