



Special physical conditions/allergies we should be aware of \_\_\_\_\_

Names and ages of other children in the home \_\_\_\_\_

Is English a second language in your home?  yes  no If yes, primary language? \_\_\_\_\_

Church membership or religious preference \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

### **Medical Information**

Name of child's physician or clinic \_\_\_\_\_

Address of physician or clinic \_\_\_\_\_ Phone \_\_\_\_\_

Name of medical insurance \_\_\_\_\_

Date when child was last examined by a physician \_\_\_\_\_

### **Consent to Medical Care and Treatment of Minor Child**

I, \_\_\_\_\_ (*name of natural parent or legal guardian*), hereby give permission that my child \_\_\_\_\_ (*name*), may be given emergency treatment, to include first aid and CPR by a qualified staff member of **Sunbeam Children's Center**. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize said center to take my child to a hospital, and I agree that I will pay all physician's and hospital bills, and said center shall not be responsible for them.

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

### **Photograph Release**

I release Sunbeam Children's Center to photograph and/or videotape my child while participating in daily activities, and to use the photographs and/or videos in photograph displays or other publications showing these daily activities.

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

### **For Office Use Only**

Registration Fee Pd \_\_\_\_\_ PAF \_\_\_\_\_ BC \_\_\_\_\_ VHF \_\_\_\_\_

Drop Off Time \_\_\_\_\_ Pick Up Time \_\_\_\_\_

Class/Teacher \_\_\_\_\_ Room# \_\_\_\_\_ Date Entered in Database \_\_\_\_\_