

Sunbeam Children's Center - Parents' Morning Out

Application for Enrollment

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3.) Mr/Mrs/Ms _____ Home Phone _____
Relationship to Student _____ Cell Phone _____
Pick-up in emergency? yes no Other Phone _____

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 _____

Teacher _____ Room# _____ Date Entered in Database _____