



GraceKids 2019-2020 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:

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:

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:

****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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2019-2020 GraceKids Photo Permission Form

I give my permission for GraceKids Mother's Day Out to take and send pictures of my child,
_____, using the BrightWheel App.

**BrightWheel is a private app that is shared with only parents at GraceKids.*

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 ____ / ____ / ____