

2005-2006 Registration Form

| Child's full name: | | | | | | |
|---|--|--------------------------------|--------------------------|-------------------------|------------------|--------|
| Name called at home: | | | | | | |
| Street address: | | City | | Zip | | |
| Mailing address (if different) | | City | | Zip | | |
| Telephone: | Cell phone: | E-mail: | | | | |
| Child's birthdate: month | day year | Age | | _ Sex: | M | F |
| Will this child be entering Kin | ndergarten in the fall of 2006? | Yes | No | | | |
| ☐ Frogs (children bo Just as in a scho | In classes according to age. When before 9-1-02) Tadpole pol system, children remain in the | s (children bonne same class j | rn between for the entir | 9-1-02 and re school ye | 19-1-03) ear. | |
| Father's name: | Occupation: | Work phone: | | | | |
| Mother's name: | Occupation: | Work phone: | | | | |
| Child lives with: | oth parents \square mother \square fa | ther \Box Other | er: | | | |
| If brought by a sitter: Sitter's | s name | Phone | | | | |
| Siblings and their ages: | | | | | | |
| Does your child have any foo | od or other allergies? Please list: | | | | | |
| Does your child have a medic | cal condition or special need tha | t we should be | aware of? | If so, pleas | se describ | e: |
| Name and phone number of J | persons other than parent who m | ay pick up you | ur child: | | | |
| Pick up is not allowed by: | | | | | | |
| Religious affiliation: | | Congregation: | | | | |
| Would you be interested in he | Yes | No | | | | |
| How? ☐ Teach ☐ Subst | itute teach | ☐ Color mate | rials 🗖 Ot | her: | | |

EMERGENCY INFORMATION

Our competent teaching staff will do everything possible to insure that your child is safe and secure. Please complete this form for our records. $I, \underline{\hspace{1cm}}, of \underline{\hspace{1cm}} (\text{name of parent})$ (phone) Kids staff to contact the following if I cannot be reached in case of emergency, illness, or accident. Friend/Relative (address) (phone) Friend/Relative____ (name) (phone) (address) Doctor (address) (phone) Hospital (name) (address) (phone) Consent for emergency care: I/We ______ Father/Mother/Guardian (circle word that applies)of do hereby request and give consent to the director of Carpenter's Kids, or her duly appointed representative, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parent/guardian cannot be reached. Consent is also given for the director or her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached. I will not hold the College Church of Christ, Carpenter's Kids staff, or any staff thereof, responsible or liable for any accident, injury, or illness to my child which may result from causes beyond the control of, or without the fault or negligence of, the College Church of Christ, Carpenter's Kids or its staff or employees, while my child is in their care. For Frog classes (children born BEFORE 9-1-02): Two or three field trips may be scheduled throughout the school year. Notes will be sent home at the appropriate time with details of these trips. By signing below you give permission for your child to attend. In the event of an emergency during these trips, the undersigned gives permission for his/her child to receive life sustaining first aid by an adult representing the College Church of Christ with no liability to the College Church of Christ or its representatives. Furthermore, permission is granted for certified and/or licensed personnel to administer first aid to improve or maintain life of the individual at risk. I have read all of the above statements and agree to their terms. I agree to allow Carpenter's Kids to use my child's picture in publications, video presentations, slide shows, or other materials. I also understand that disruptive, disrespectful, or other misbehavior, or non-payment may result in dismissal from our program. Signature Date