



**EMERGENCY INFORMATION:**

*OTHER THAN PARENTS*, IN CASE OF EMERGENCY PLEASE NOTIFY \_\_\_\_\_  
PHONE #'S (area code, work, home, cell) \_\_\_\_\_  
RELATIONSHIP TO CHILD \_\_\_\_\_

PLEASE LIST BELOW THE NAMES OF PEOPLE **OTHER THAN PARENTS** AND EMERGENCY CONTACT LISTED ABOVE WHO ARE PERMITTED TO PICK UP YOUR CHILD.

NAME	PHONE #S (area code work, home, cell)	RELATIONSHIP TO CHILD
NAME	PHONE #S (area code, work, home, cell)	RELATIONSHIP TO CHILD
NAME	PHONE #S (area code, work, home, cell)	RELATIONSHIP TO CHILD

PLEASE LIST ANY PERSON WHO IS NOT ALLOWED TO PICK UP YOUR CHILD.

\_\_\_\_\_

COURT CUSTODY/RESTRAINING ORDERS FILED FOR THIS CHILD (need copy)

**CHILD'S MEDICAL & DEVELOPMENTAL INFORMATION:**

PHYSICIAN \_\_\_\_\_ TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ HOSPITAL PREFERENCE \_\_\_\_\_

In planning our programs to meet your child's needs, we must have pertinent information, including any medical, behavioral and cognitive assessments. We also need to be aware of any services provided to your child during the day.

PLEASE CHECK IF CHILD HAS ANY OF THE FOLLOWING:

_____ Diabetes	_____ Frequent Colds	_____ Earaches	_____ Developmental Delays
_____ Stomach Aches	_____ Epilepsy	_____ High Fevers	_____ ADHD
_____ Hearing Aid	_____ Glasses	_____ Special Needs	_____ Toileting Assistance
			_____ Physical Disabilities
			_____ Other (please specify)

PLEASE EXPLAIN CONDITIONS/TREATMENTS \_\_\_\_\_

\_\_\_\_\_

LIST ANY MEDICATIONS THE CHILD IS CURRENTLY TAKING \_\_\_\_\_  
DOSAGES \_\_\_\_\_

\_\_\_\_\_

**LIST ALLERGIES AND ALLERGY SYMPTOMS:**

_____ Asthma	_____ Hay Fever	_____ Other _____
_____ Runny Nose	_____ Watery Eyes	_____ Other _____
_____ Hives	_____ Food (please specify)	_____ Other _____

Your child is a special individual, please use this space to tell us about him/her. Does your child have special needs, favorite games, toys, pets, a nickname etc?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRINT CHILD'S FULL NAME** \_\_\_\_\_

**PLEASE SIGN AND DATE THE FOLLOWING:**



All the information on this application is completed accurately. I know that complete and accurate information is necessary to best serve my child. I understand that it is my responsibility to notify Community Education of any changes in employment, residence, phone numbers and any emergency information that may change.

\_\_\_\_\_  
Initials

I hereby authorize Community Education to seek medical treatment for my child in the event of an emergency. *I understand that I am solely responsible for any medical expenses*, which my child may incur for any injuries, including those resulting from on-site injuries. I hereby release Community Education from any and all claims or causes of action for any injuries sustained by my child at the program.

\_\_\_\_\_  
Initials

I hereby authorize Community Education to transport my child to or from school, on field trips and outings, or other center-sponsored activities. I hereby release Community Education from any and all claims or causes of action for any injuries sustained by my child in being transported to or from school.

\_\_\_\_\_  
Initials

I hereby authorize Community Education to include my child in supervised swimming activities. I hereby release Community Education from any and all claims or causes of action for any injuries sustained by my child in supervised swimming activities.

\_\_\_\_\_  
Initials

I have received a copy of the Parent Handbook from Community Education and understand the contents within that handbook and I agree to abide by the provisions therein.

\_\_\_\_\_  
Initials

Occasionally a newspaper or television station visits to promote children's activities. Community Education has a web site that illustrates educational programs. I agree to allow my child to participate in these activities.

\_\_\_\_\_  
Initials

Community Education works with the school districts to provide consistent direction for children. I hereby authorize any school district or educational agency in which my above-named child, is or has been enrolled to release copies of all of my child's records in its possession to Bowling Green-Warren County Community Education. This authorization includes my consent to any school district's or educational agency's release of any and all of my child's education records to Community Education which would otherwise be protected from disclosure under the Family Educational Rights and Privacy Act 20 U.S.C. §1232.

\_\_\_\_\_  
**Complete Signature\***

\_\_\_\_\_  
**Date**

**\*My initials above represent my legal signature and constitute a legal agreement.**