



Mother's Morning Out Student Application

Entrance Date: _____ Withdrawal Date: _____

Child's Name _____ Sex _____ Age _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Race/Ethnicity _____

Father's Name _____

Home Phone _____ Cell Phone _____

Father's Home Address (if different from child's) _____

City _____ State _____ Zip _____

Father's Place of Employment _____

Work Phone _____ Email Address _____

Mother's Name _____

Home Phone _____ Cell Phone _____

Mother's Home Address (if different from child's) _____

City _____ State _____ Zip _____

Mother's Place of Employment _____

Work Phone _____ Email Address _____



Child's Living Arrangements: (Circle One) Both Parents Mother Father Other

Child's Legal Guardian(s): (Circle One) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

1) Name _____ Telephone Number _____

Relationship to Child _____

2) Name _____ Telephone Number _____

Relationship to Child _____

3) Name _____ Telephone Number _____

Relationship to Child _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

1) Name _____ Telephone Number _____

2) Name _____ Telephone Number _____

3) Name _____ Telephone Number _____

Child's doctor or clinic name _____ Doctor/clinic phone _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns _____



Parental Agreement

(Please Read Terms Carefully and Initial Beside Each)

1. _____ Medications will only be given if absolutely necessary. Medications requiring dispensing only once a day must be done at home. Allergy medicines will not be given unless required by a doctor. Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage, date and time of day medication is to be given. Medicine will be in the original container with my child's name clearly marked.
2. _____ My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel. Once I have possession of my child at time of pick-up, I understand it is my responsibility to supervise them to the parking area and place them in a restrained car seat pursuant of Georgia law.
3. _____ I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, ex. telephone numbers, mailing address, work location, emergency contacts, child's physician, child's health status including allergies, etc.
4. _____ The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
5. _____ In the event my child becomes ill or feverish while in the care of Big Canoe Chapel, I understand that I will be contacted. I agree NOT to bring my child if they have a fever within any twenty-four (24) hour period, any signs of unexplainable rash, vomiting, diarrhea, or any other illness that can harm other children or staff in the center. I will not give my child a fever reducer and bring them to the center unless authorized by a physician.



6. _____ I understand that children are not allowed to bring toys, food, or meals from home unless authorization has been given due to medical necessity. A doctor's not must be required if special foods are needed.
7. _____ I understand there is a one-time enrollment fee of \$50.00 for each student. Every day the child will be participating will enroll in a monthly rate of \$200.00 due on the first of every month. Otherwise, I will enroll my child in the daily rate of \$30.00 a day that is due at drop off. There will be no refunds given. For 2019-2020 school year, I will enroll my child in the (**Choose One**) monthly rate / daily rate.

Emergency Medical Authorization

In the event that (child's name) _____, with a birthday of _____ suffer an injury or illness while in the care of Big Canoe Chapel and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility of payment for services.

Father's signature: _____

Father's printed name: _____

Date: _____

Mother's signature: _____

Mother's printed name: _____

Date: _____



Permission to Photograph

I, _____, give permission for Big Canoe
(Parent or Guardian's Name)

Chapel to photograph my child, _____, for the
(Child's Name)
following purposes:

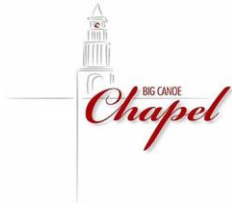
Type of Use	Grant Permission	Decline Permission
Display in child's room		
Display on social network feeds*		
Use still photos in promotional material		
Use still photos on facilities website*		
Display in local newspaper w/ special events		
Display in future information guides for current or prospective clients		

*Child's will not be named on any online advertising.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent or Guardian's Signature

Date



Allergy Information

Child's Name: _____ Child's DOB: _____

Substances	Is Allergic	Not Allergic	Type of Reaction
Peanuts			
Other nuts & seeds			
Citrus fruit			
Other fruit			
Cow's milk			
Yogurt			
Cheese			
Corn			
Oats			
Wheat			
Other grains			
Yeast			
Egg yolks			
Egg whites			
Soy foods			
Fish			
Shell fish			
Dust			
Mold spores			
Cats			
Dogs			
Grass			
Pollen			
Bee stings			
Penicillin			
Latex			
Other			

Does child have prescribed EpiPen? _____