

CHILD'S INFORMATION:

Child's Name _____ Date of Birth _____ Male / Female _____

Allergies _____

What should we do in case of allergic reaction? _____

Physician's Name _____ Address _____ Phone No. _____

Special Medical Conditions/Needs _____

Current Prescription Meds (taken daily for chronic conditions) _____

PARENT'S INFORMATION:

Mother's Name _____	Father's Name _____
Home# _____ Cell# _____	Home# _____ Cell# _____
Work# _____ Email _____	Work# _____ Email _____
Home Address _____	Home Address _____
City _____ State ____ ZIP _____	City _____ State ____ ZIP _____
Employer _____	Employer _____
Address _____ City _____ State ____	Address _____ City _____ State ____
Child's Home Address _____	City _____ State ____ ZIP _____

Who does child live with? _____ Who has custody? _____ May either parent pick up at will? _____

If parents are divorced or separated, we must have a copy of the legal document indicating custody/visitation arrangements. The signature of the presiding judge must accompany the legal document.

Authorized Pick-Ups:

(1) Name _____	(2) Name _____
Address _____	Address _____
Phone # _____	Phone # _____
Relationship to child _____	Relationship to child _____
Emergency Contact? Yes _____ No _____	Emergency Contact? Yes _____ No _____
(3) Name _____	(4) Name _____
Address _____	Address _____
Phone # _____	Phone # _____
Relationship to child _____	Relationship to child _____
Emergency Contact? Yes _____ No _____	Emergency Contact? Yes _____ No _____

Parent Signature _____ Date _____

Child's Medical/Educational History:

1. Has your child ever had any surgery? _____ What type? _____ When? _____

2. Has your child ever had a serious accident? _____ If yes, please describe _____

4. Does your child have any vision problems? _____ Hearing problems? _____

5. Has your child ever been in-group care (childcare center or home center)? _____

Please list reason for leaving group care: _____

6. Does your child have physical or emotional developmental needs of which we need to be aware of?

Please explain: _____

If yes, does your child have an IEP? _____ Please provide a copy upon enrollment.

7. Any behavioral characteristics of which we need to be aware? _____

8. Are there any food restrictions for medical or religious reasons? _____ YES _____ NO

List _____

9. How does your child indicate toileting needs? _____

10. Does your child have or has he/she ever had any of the following?

HIV/Aids _____ Diabetes _____ Seizures _____ Hepatitis, Type _____

Attention Deficit Disorder _____ Persistent vomiting or spitting up _____

11. Health Insurance: Company _____ Policy # _____

12. Please share any additional information that would help better care for your child:

Child's Name _____

Permission for Emergency Medical Care

I grant permission for the management of Growing Room Child Development Centers to obtain emergency medical care for my Child as follows:

1. Attempt to reach a parent or guardian, my Child's physician or the person(s) listed as Emergency Contact on this agreement.
2. If unable to reach any of the above persons, Growing Room staff may accompany and transport my Child by Growing Room vehicle or approved staff member's car to the Medical Center Emergency Room for medical care. An ambulance may be called if my child's medical condition warrants it.
3. I give my permission for Growing Room staff to give written consent for medical care for my Child. This includes, but may not be limited to: examination by a physician, laboratory tests, x-rays, or other procedures ordered by a physician.
4. Expenses incurred for the above medical care and ambulance transportation is the sole responsibility of the parents or guardian.

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

Date

Date



Immunization Requirements:

All children enrolled in our Schools must have a current Georgia Immunization Certificate on file in our Schools at all times.

Parents are given 30 days from the date of enrollment to provide their School's Front Desk Manager with the appropriate Immunization Certificate from the child's physician or the local health department.

Transportation Policies for Preschool Children

Certain preschool classes will participate in field trips to various locations within our surrounding community. I understand that I will receive and must sign a field trip permission form prior to the trip. It will include the time, date and location of trip with fee information. Please note: If a child is unable to follow basic safety instructions, the parent may be required to accompany the child on the field trip.

Transportation Release for School-Age Children

I give my permission for my child, _____ to be transported by the Growing Room buses as follows:

Before School Transportation:

_____ From Growing Room I, 1200 Manchester Expressway at _____ a.m. to:

_____ From Growing Room Too, 6110 Bradley Park Drive at _____ a.m. to:

_____ From Growing Room Christian Academy, 7572 Kayne Boulevard at _____ a.m. to:

_____ located at _____
(School Name) (School Address)

After School Transportation:

From _____ located at _____
(School Name) (School Address)

_____ To Growing Room I, 1200 Manchester Expressway at _____ p.m.

_____ To Growing Room Too, 6110 Bradley Park Drive at _____ p.m.

_____ To Growing Room Christian Academy, 7572 Kayne Boulevard at _____ p.m.

I have read and agree to discuss transportation rules listed in the Parent Handbook with my child. **All children must comply with these rules for safety reasons. Parents of children who are disruptive on our buses will be called in for a Parent Conference. Safety is our Number One Concern!**

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

Date

Date

