



Rocky Branch Academy Child Enrollment Form

Entrance Date

Withdrawal Date

Child's Name _____

Sex _____ Age _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____

Mother's Name _____ Phone Number _____

Mother's Address _____

Mother's Email: _____

Mother's Place of Employment _____ Work Number _____

Father's Name _____ Phone Number _____

Father's Address _____

Father's Email: _____

Father's Place of Employment _____ Work Number _____

Child's Living Arrangements: Both Parents Mother Father Other _____

Child's Legal Guardian(s) Both Parents Mother Father Other _____

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

Name

Address

Phone

(1) _____

(2) _____

(3) _____

(4) _____

Persons to contact in case of an emergency when parents cannot be reached:

Name	Telephone Number	Relationship to Child
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Name of public or private school child attends, if any: _____

Child's Physician or Clinic's Name (Child's Primary Health Source) _____

Physician/Clinic's Telephone Number: _____

My child has the following special need(s): (see below) circle one NONE YES

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center. (see below) circle one NONE YES

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: (see below) (circle one) NONE YES

EMERGENCY MEDICAL AUTHORIZATION

Should _____ (Child's Name) suffer an injury or illness while in the care of Rocky Branch Academy and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I/we can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature of Parent(s) / Guardian _____

Date _____ Phone _____



Rocky Branch Academy Parental Agreement

- (1) Rocky Branch Academy agrees to provide child care for (child's name) _____ on Monday through Friday from ____:____ am to ____:____ pm.
- (2) My Child will participate in the following meal plan (circle applicable meals and snacks):
Breakfast Morning Snack Lunch Afternoon Snack.
- (3) I will complete a written medication authorization form before any medication is given to my child. Medication will be in its original container with my child's name.
- (4) My child will not be allowed to enter or exit the center with out being escorted by the parent(s), person authorized by the parent, or center staff.
- (5) I understand it is my responsibility to keep my child's records current in regards to changes that may occur while my child is enrolled in Rocky Branch Academy. This includes, but is not limited to, telephone, address, work location and contacts, emergency contacts, physician, health status, immunization records, infant feeding plans.
- (6) Rocky Branch Academy agrees to keep me informed of any incidents, illnesses, injuries adverse reactions to medications or exposure to communicable diseases.
- (7) Rocky Branch Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the center and any water-related activities occurring in water more than 2 feet deep.
- (8) I have received a copy and agree to abide by the policies and procedures for Rocky Branch Academy.

Parent(s) Signature _____ Date _____

Parent(s) Signature _____ Date _____

Center Director Signature _____ Date _____



Rocky Branch Academy Vehicle Emergency Medical Information Sheet

Child's Name _____ Date of Birth _____

Child's Address _____

Father's Name _____ Home Phone _____

Work Phone _____ Cellular Phone _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cellular Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____ Relationship to Child _____

Child's Doctor _____ Phone: _____

Medical Facility the Center Uses: _____

Child's Allergies: _____

Current Prescribed Medications: _____

Child's Special Needs and Conditions: _____

In the event of an emergency involving my child and if Rocky Branch Academy cannot get in contact me, I authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child, _____.

Parent(s) Signature _____ Date _____

Parent(s) Signature _____ Date _____

Center Director Signature _____ Date _____



Rocky Branch Academy Authorization to Dispense External Preparations

Child's Name _____ Date of Birth _____

I give Rocky Branch Academy permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- _____ Baby Wipes (Parent will provide)
- _____ Band-aids
- _____ Neosporin or similar ointment
- _____ Bactine or similar first aid spray
- _____ Sunscreen (Parent will provide)
- _____ Insect Repellent (Parent will provide)
- _____ Non-prescription ointment (such as Triple Paste, Vaseline) (Parent will provide)
- _____ Baby Powder (Parent will provide)
- _____ Other (please specify) _____ (Parent will provide)

Parent(s) Signature _____ Date _____

