

Camp Raider Child Care Program

Form must be returned with non-refundable first week's payment

Child's Name _____ Date of Birth _____ Age ____ Sex ____
Father's Name _____ Mother's Name _____
Home Address _____
City _____ State _____ ZIP _____ Home Phone _____
Father's Employer _____ Work Phone _____ Cell Phone _____
Mother's Employer _____ Work Phone _____ Cell Phone _____
Billing Email Address _____

Program will be located at: Nettleton Pre-K Center

Please Check **Only** One:

After School Care _____

Summer Day Camp _____

Persons authorized to pick up my child: _____

*Please do not allow _____ to take my child from program.

If a parent cannot be reached in emergency, contact: _____

Address _____ Home Phone _____ Work Phone _____

Is this person authorized to pick up your child? _____ yes _____ no

MEDICAL & HEALTH INFORMATION

ADD/ADHD _____ Neurological Disorder _____ Depression _____ Digestive Disorder _____

Asthma _____ Diabetes (Type I or II) _____ Hypertension _____ Hematologic Disorder _____

Seizure Disorder _____ Renal Disorder _____ Psychiatric Disorder _____ Hearing Aids _____

Eye Glasses/Contacts _____ Speech Pathology _____ Physical/Occupational Therapy _____

Non-Life Threatening Allergies _____ Communication Disorder _____

Life Threatening Allergies (Epipen) Please Specify _____

Special Needs (Please Specify) _____

Other (Please Specify) _____

Authorization for Emergency Medical Care

I expect to be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make the necessary arrangements, I hereby authorize the Director of the Camp Raider Child Care Program to arrange for emergency transport and to contact the nearest hospital for emergency medical treatment of _____
and/or contact our family physician. (Child's Name)

(Physician's Name)

(Telephone)

(Address)

I certify that my child _____ is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children in the program.

Date _____ Mother's Signature _____
Father's Signature _____

Field Trip & Swimming Permission

I give my consent for my child to take part in field trips or excursions with the Camp Raider Child Care Program under proper supervision. It is my understanding that I will be notified at least one day prior to any field trip requiring additional cost or whenever the field trip will take my child from the Jonesboro area. I additionally give consent for my child to swim with the child care program under proper supervision.

Parent Handbook & Discipline Policy

I have read and understand all policies stated in the Camp Raider Parent Handbook. I give my permission for the use of all disciplinary methods stated in the parent handbook.
(Physical punishment shall not be administered to children.)

Date _____ Mother's Signature _____
Father's Signature _____

School Child Attends _____ Teacher _____
Grade _____
(Grade currently in or if summer, grade just finished)

Interviewing Children

This is a statement of verification that I have been informed that Child Care Licensing/Investigators/Law Enforcement may possibly interview my child. This is in accordance with Minimum Licensing Requirements: DCCEECE/Child Care Licensing Unit: Section 201

Parent Signature

Date

Camp Raider Child Care Program Signature Sign-out Sheet

Child's Name _____
Nettleton Pre-K Center

Please return this form when complete for our files. Have all people **sign their name** that you want authorized to pick up your child. Please keep this list current. Remember no person will be allowed to pick up your child unless they have signed this form.

Signature

Contact Number

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____