

Child's Full Name		Child's Date of Birth	
Child's Home Address			
Child T-Shirt Size XS    S    M    L    XL		How did you hear about Grapevine Christian School?	
Father's Name		Mother's Name	
Father's E-mail Address		Mother's E-mail Address	
Father's Primary Telephone No.	Father's Cell Phone No.	Mother's Primary Telephone No.	Mother's Cell Phone No.
Parent's Address (if different from child's address)			
<b>EMERGENCY CONTACT (REQUIRED)</b> Give the <b>name, address and phone number</b> of person(s) to call in case of an emergency if parents cannot be reached.			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation <b>ONLY</b> with the following persons. Please list <b>name &amp; telephone number</b> for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

<b>CHECK ALL THAT APPLY:</b>	
<b>1. PHOTO RELEASE:</b> <input type="checkbox"/> give permission to photograph my child for purposes of school projects include ME Books, class projects and school slideshows. <input type="checkbox"/> give permission for these to published online, Facebook and in GCS marketing material.	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give
<b>2. INFORMATION RELEASE:</b> <input type="checkbox"/> give <input type="checkbox"/> do not give	– my consent for my student's name, parents' names, address, e-mail address and phone number to be released to other families in my child's class.
<b>3. WATER ACTIVITIES:</b> <input type="checkbox"/> give <input type="checkbox"/> do not give <input type="checkbox"/> sprinkler play <input type="checkbox"/> water table play	– my consent for my child to participate in Water Activities:
<b>4. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED BY GCS TO MY CHILD WHILE IN CARE:</b> <input type="checkbox"/> AM snack <input type="checkbox"/> PM snack (after-school program students only)	

# ADMISSION INFORMATION

**PLEASE SELECT THE PROGRAM OPTION FOR YOUR CHILD:** Classes based on age of student on September 1, 2018.

Toddlers 18 Months	Two Years 2's	Three Years 3's	Four Years Pre-K	Transitional Kindergarten
<input type="checkbox"/> 2 Day (Tu/Th)	<input type="checkbox"/> 2 Day (Tu/Th)	<input type="checkbox"/> 2 Day (Tu/Th)	<input type="checkbox"/> 2 Day (Tu/Th)	<input type="checkbox"/> 5 Day (Mon-Fri)
<input type="checkbox"/> 3 Day (M/W/F)	<input type="checkbox"/> 3 Day (M/W/F)	<input type="checkbox"/> 3 Day (M/W/F)	<input type="checkbox"/> 3 Day (M/W/F)	
<input type="checkbox"/> 5 Day (Mon-Fri)	<input type="checkbox"/> 5 Day (Mon-Fri)	<input type="checkbox"/> 5 Day (Mon-Fri)	<input type="checkbox"/> 5 Day (Mon-Fri)	

### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION (REQUIRED):

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
**Signature - Parent or Legal Guardian**

### IMMUNIZATIONS:

- I have provided the childcare operation with a copy of my child's most current immunization record.
- I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for two years.

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of. If an allergy is listed, an additional **Allergy/Action Form** must be completed and signed by your healthcare provider; (if none, please write none)

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Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

I acknowledge that all the information above is true to the best of my knowledge. I acknowledge receipt of the facility's operational policies including those for discipline and guidance (in the GCS Parent Handbook).

\_\_\_\_\_  
**Signature – Parent or Legal Guardian**

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