



2019 Summer Program

Child's Full Name		Child's Date of Birth		Child's 2018-19 Grade	
Summer School Program: <input type="checkbox"/> June 17-20: God's World of Wonders <input type="checkbox"/> July 15-18: Around the World					
Child's Home Address					
Father's Name			Mother's Name		
Father's E-mail Address			Mother's E-mail Address		
Father's Daytime Telephone No.		Father's Cell Phone No.	Mother's Daytime Telephone No.		Mother's Cell Phone No.
Parent's Address (if different from child's address)					
Give the name, address and phone number of person 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 ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.					

CHECK ALL THAT APPLY:	
1. WATER ACTIVITIES:	I hereby _____ – my consent for my child to participate in Water Activities: <input type="checkbox"/> give <input type="checkbox"/> do not give <input type="checkbox"/> sprinkler play <input type="checkbox"/> water table play
4. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED BY GCS TO MY CHILD WHILE IN CARE:	<input type="checkbox"/> AM snack



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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

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 none, please write none)**

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