

For Office Use Only

Date of Enrollment _____ Class _____ Option _____



**ST. ANDREW CHILDREN'S LEARNING CENTER
2011 – 2012 CHILD INFORMATION RECORD
PRESCHOOL, PREKINDERGARTEN & JR. KINDERGARTEN**

(To be filled out by parent/guardian)

**FORM MUST BE FILLED OUT COMPLETELY AND RETURNED TO CLC
BY May 20, 2011**

Child Information

Child's Last Name	Child's First Name	Child's Nickname (if used)	
Child's Birth date	Gender	Child's Home Language	Child's Race/Ethnicity
Child Lives With	Is there a court-ordered custody arrangement for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide a copy.)		

Family Information

Parent or Guardian 1		Relationship to Child	Email Address (one per family or address)	
Home Address		City	State	Zip Code
Home Phone	Work Phone	Cell Phone		
Occupation		Employer		
Employer Address		City	State	Zip Code
Parent or Guardian 2		Relationship to Child	Email Address (if different from Parent 1)	
Home Address (if different from Parent 1)		City	State	Zip Code
Home Phone	Work Phone	Cell Phone		
Occupation		Employer		
Employer Address		City	State	Zip Code

Contact Information

Local contact person (e.g. friend, neighbor or relative) if parent is unavailable:

Please prioritize contacts in order of who should be called first. At least one must be listed as an Emergency contact.

Name Relation to Child OK to Pickup? Yes No Emergency Contact? Yes No

Phone Address City State Zip Code

Name Relation to Child OK to Pickup? Yes No Emergency Contact? Yes No

Phone Address City State Zip Code

Name Relation to Child OK to Pickup? Yes No Emergency Contact? Yes No

Phone Address City State Zip Code

Medical Contact Information

Child's Physician Practice Name Phone

Physician's Address City State Zip Code

Child's Dentist Practice Name Phone

Dentist's Address City State Zip Code

Hospital Phone

Hospital Address City State Zip Code

I give my permission for my child to watch a maximum of 30 minutes of age appropriate video in their classrooms. _____
Initial

I give my permission for my child to sleep on the floor on a 2' vinyl mat. _____
Initial

I agree to have my child examined by a physician annually and medical information returned to CLC for their files. _____
Initial

I give my permission to be listed in the CLC Directory: _____
Initial

I give my permission for my child to be photographed while in a classroom setting: _____
Initial

I agree to comply with the program rules which are established and periodically amended by St. Andrew for the Children's Learning Center (CLC). I give permission to have my child receive emergency medical treatment as deemed necessary by the personnel at St. Andrew. I understand that while constant supervision of my child is provided by the staff of CLC, there is inherent risk of injury to my child from activities in the classroom, on the playground and in the building facilities of St. Andrew. I accept this risk and on behalf of myself and my spouse, if applicable, my child, and his/her and our heirs and legal representative, waive and release St. Andrew from any and all claims (excluding only willful misconduct) for injuries sustained by my child while in the CLC program, and waive and release any claim for consequential and exemplary damages. I agree to indemnify and hold harmless St. Andrew and its agents and employees from any claim brought by or on behalf of my child, which is inconsistent with the above waiver and release.

Parent or Guardian Signature

Date



**ST. ANDREW CHILDREN'S LEARNING CENTER
2011 – 2012 CHILD MEDICAL INFORMATION**

(To be filled out by parent/guardian)

**FORM MUST BE FILLED OUT COMPLETELY AND RETURNED TO CLC
BY May 20, 2011**

Child's Name _____

Date of Birth _____

Specific health concerns: Allergies: Yes No if yes, please specify. _____

Restrictions: Yes No if yes, please specify. _____

Operations/Serious Illnesses: Yes No if yes, please specify. _____

List any behavior or other special considerations: _____

Health Insurance Coverage Information

Address _____

Health Insurance? Yes No

Insurance Company _____

Phone _____

Policy Number _____

Group Number _____

If this information changes during the school year, I agree to inform St. Andrew Children's Learning Center of the changes.

Parent/Guardian Signature _____

Date _____

_____ If you do not wish to provide full health insurance information, please initial here.

Authorization for Access to Child Health Information

I, the parent/guardian of _____ authorize the staff of St. Andrew Children's Learning Center to have access to my child's health information as provided to CLC (General Health Appraisal form, Immunization records, Health Insurance Coverage Information, specific health care plans). I understand that the records will be reviewed for completeness by office staff and CLC's nurse consultant, and may be accessed other times through the school year on an individual, as needed basis. I also authorize contact with my child's physician via phone, fax or in writing as needed to continue medical care. Records are considered confidential material.

Parent/Guardian Signature _____

Date _____

**St. Andrew Children's Learning Center
Volunteer Opportunities
2011-2012 School Year**

- Serve on committee for Teacher Appreciation
- Serve on committee for Fund Raising
- Cutting for teachers (can be done at home)
- Receptionist
- Help prepare and serve a theme lunch
- Room Parent
- Teacher Break Volunteers

Name _____ Child's Class Day/s _____

Email address _____ Phone _____

Best way to reach you _____

Thank you for volunteering to make CLC a wonderful place for families!!!