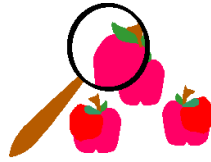


Allergies:
(Indicate if none)

EIPEN? Yes No
(circle one)

Protocol must be provided
and signed by doctor and
parent if "yes"



Medical Alerts:
(indicate if none)

Protocol must be provided
and signed by doctor and
parent if needed

Classroom of Discovery Registration Form

Please fill in each blank. If something is not applicable, please indicate with "n/a" or "none."

Child's Full Name _____

Child's Nickname _____ Child's Birthdate _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Mom's Full Name: _____

Address & Phone if Different from Child's: _____

Dad's Full Name: _____

Address & Phone if Different from Child's: _____

Preferred Email Address: _____

Mom's Work Phone: _____ Mom's Cell: _____

Mom's Place of Work & Address: _____

Dad's Work Phone: _____ Dad's Cell _____

Dad's Place of Work & Address: _____

If Mom or Dad cannot be Reached, Please Call to Pick up my Child (Please Provide Complete Addresses):

(1) _____ Relationship: _____

Phone: _____ Address: _____

(2) _____ Relationship: _____

Phone: _____ Address: _____

Other Person(s) Authorized To Pick Up My Child:

1. _____

2. _____

3. _____

AGREEMENTS

The Classroom of Discovery agrees to notify the parent(s) whenever his/her child becomes ill and the parent(s) will arrange to have the child picked up as soon as possible if requested by the school.

The parent(s) agree to inform the Classroom of Discovery within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

The parent(s) authorize the Classroom of Discovery to obtain immediate medical care if any emergency occurs when the parent(s) cannot be located immediately. **

Physician's Name: _____ Phone: _____

Parent Signature: _____ Date: _____

Director's Signature: _____ Date: _____

**If there is an objection to seeking emergency medical care, the parent(s) must provide a written statement that states the objection and the reason for the objection.

I give permission for my child to take walking field trips to Briar Patch Park during school hours. I will provide permission on a case-by-case basis for additional field trips throughout the year.

Signed: _____ Date: _____

Schools Attended prior to the Classroom of Discovery: _____

Allergies or Intolerance to Food or Medication and Action to take in an Emergency: _____

Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed: _____

CLASSROOM OF DISCOVERY STAFF USE ONLY			
IDENTITY VERIFICATION			

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation
Date of Notification of Law Enforcement (when proof is not provided)			
Date Started CoD		Date Left CoD	

The Classroom of Discovery admits children without regard to race, religion, cultural heritage, political beliefs, disability, marital status of family, family life style or national origin.