

**GAYLORD COMMUNITY SCHOOLS
AFTER SCHOOL CHILD CARE
CHILD INFORMATION RECORD**

Today's Date _____ Mailing Address _____

Student's Legal Name _____ Gender M F

Birth date _____ / _____ / _____ Home Phone _____ Start Date _____
Last First Middle

Street Address _____ City _____ Zip Code _____

Grade _____ School _____ Teacher _____

Mother/Legal Guardian Name _____ Home Phone (____) _____

Home Address (if not child's address) _____

Mother Employer/School _____ Phone (____) _____ Ext./Dept. _____

Daily Work/School Times _____

Mother Email _____ Cell Phone (____) _____

Father/Legal Guardian Name _____ Home Phone (____) _____

Home Address (if not child's address) _____

Father Employer/School _____ Phone (____) _____ Ext./Dept. _____

Daily Work/School Times _____

Father Email _____ Cell Phone (____) _____

Names of All Adults Residing with Student: _____

Student Lives With: *(Please Check)*

Both natural parents
 Father only
 Host family
 Divorced-joint custody
 Father/Stepmother
 Mother only
 Relative
 Adult student
 Mother/Stepfather
 Legal guardian
 Court placed

Student's Residence Is: *(Please Check)*

Single Family Dwelling
 More than 1 family in house/apartment
 Motel/Car/Campsite
 Shelter _____
 With friends/family (other than parent/guardian) _____
 Other _____

Last Name

First Name

Grade

School

Teacher

Other children residing in the home:

Name (Last, First)	Birthdate	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To the best of my knowledge, _____ is of good health, free of any communicable disease, and his/her immunizations are up to date. This health statement waives the need for my child to have a physical examination record on file for entry into this program.

Parent's Signature _____

Date _____

MEDICAL INFORMATION

Allergies: Y N

Food (Please List)

Animals

Medications

Other _____

Y N

Asthma

Diabetes

Convulsions/seizures

Please Explain _____

Other

Please Explain _____

Medical Authorization and Authorization to Transport in Case of Emergency

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If the physician cannot be reached, the school may make necessary arrangements for the well being of my child.

Doctor's Name Office Location Address Office Phone

Hospital Preferred for Emergency Treatment Health Insurance Carrier & Policy Number

Special Needs _____ Date of Last DTap (Diphtheria, tetanus, pertussis) Shot _____

PERSONS AUTHORIZED TO PICK UP CHILD IN AN EMERGENCY

If your child is injured, ill or needs to leave the child care center, we will contact the parents listed on the front of this card first. If parents are unavailable, we will contact the following individuals authorized to pick up your child from school. Your child should know the person. ID may be requested.

Authorized Person Relationship Address

Home Phone Cell Phone Work Phone

Authorized Person Relationship Address

Home Phone Cell Phone Work Phone

Your child will not be released to any unauthorized person.

Special Instructions:

I request my child attend on:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Estimated Pick-up Time: _____

- I affirm that as the parent/legal guardian, all information provided is true and accurate.
- I give permission to the Gaylord Community Schools Childcare Program, licensed by the Department of Human Services, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.
- I have received and read the child care program information sheet. I understand the program will bill me on a monthly basis and it is my responsibility to make sure the statement is paid by the due date.
- I understand that if my child is in grades K-3, they will board a GCS school bus and be transported to the after-school child care program.
- I give permission for my child to be photographed for displaying in the school and possibly in a newspaper.

Signature of Parent/Guardian

Date

It is the policy of Gaylord Community Schools that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, marital status or any other legally protected characteristic be excluded from participation in, be denied the benefits of, or be subjected to, discrimination during any program, activity, service or in employment. Inquiries should be addressed to: Civil Rights Coordinator, 615 S. Elm Street, Gaylord, MI, 49735, (989) 705-3080.

Date of Admission:

Date of Discharge: