

AUTHORIZATION TO ADMINISTER MEDICATION

Date _____ Child's Name _____

The Oaks Academy has my permission to administer the following **prescription medications** to my child.

Dosage instructions _____

The Oaks Academy has my permission to administer the following **over the counter medications** to my child.

Dosage instructions _____

The Oaks Academy has my permission to apply the following **creams, lotions, ointments, or essential oils** on my child.

Application instructions _____

The Oaks Academy has my permission to apply the following **sunscreen or sun block** on my child.

Application instructions _____

Signature of Parent or Guardian

Date

CHILD ENROLLMENT RECORD

Child's Name _____ Gender ____ Birthday _____

Home Address _____ Home Phone _____

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Employer _____ Hrs. from _____ to _____

Employer Address _____

Business Phone _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Employer _____ Hrs. from _____ to _____

Employer Address _____

Business Phone _____

Child's First day of care: _____

Special instructions:

CHILD INTRODUCTION FORM

Please help me get to know your child. What are his/her routines, likes, dislikes etc.

Eating _____

Sleeping _____

Toileting _____

Daily Activities _____

Fears _____

Likes _____

Dislikes _____

Habits _____

Favorites _____

Tell me a little about where your child is developmentally

What other information should I know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. I am better able to help your child when you inform me of situations and/or events that might influence his/her overall behavior such as:

- ☐ Divorce.
- ☐ Separation from a relative or friend.
- ☐ Death of a relative or friend.

Knowing about these transitional times allows me to give special attention, understanding, and care. The information you give me will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him?

**EMERGENCY CONTACTS AND
PERMISSION TO DROP OFF AND PICK UP**

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Relationship: _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Relationship: _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Relationship: _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Address _____

Relationship: _____

EMERGENCY MEDICAL CONSENT FORM

The Oaks Academy has my permission to obtain emergency medical treatment for my child,

when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Father/Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

My insurance provider is _____

My child's medical record number is _____

Preferred hospital/treatment center _____

My child is taking the following medications

My child has the following allergies

☐ I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in child care at The Oaks Academy.

Print Name of Parent or Guardian

Date

Signature of Parent or Guardian

Date

MEDICAL RECORD

Name of Child: _____ **Date of Birth:** _____

Mother's Name: _____

Address _____

Home Phone Number _____ **Work Phone Number** _____

Cell Phone _____ **E-mail Address:** _____

Father's Name _____

Address _____

Home Phone Number _____ **Work Phone Number** _____

Cell Phone _____ **E-mail Address:** _____

Physician's Name _____

Address _____

Phone Number _____

Insurance Information _____

Child's Medical Record Number _____

Chronic Illnesses _____

Allergies _____

Current Medications _____

Special Information:

PARENT AGREEMENT & CHECKLIST

- ✓ To complete the enrollment of your child at The Oaks Academy for the 2018-2019 school year you will need to sign and return the following:

___ I have read and understand The Oaks Academy Parent Handbook. I understand that tuition is due on the first school day of the month. A **late fee of \$5.00 per school day** will be applied. The director must receive a **written cancellation notice 30 days** prior to withdrawal of your child or you will be charged for the following month.

___ In the event of a conflict regarding my child I will address the issue with my child's teacher in a timely manner. If the conflict cannot be resolved with the teacher I will bring it to the attention of the director. If I have an issue with the policies and procedures of The Oaks Academy, I agree to notify the director and seek to find a positive solution.

___ I agree to abide by the policies and procedures as written in The Oaks Academy Parent Handbook.

- ✓ I have completed the following enrollment forms:

___ Child Enrollment Record

___ Child Introduction Form

___ Medical Record

___ Medical Consent Form

___ Photo/Video Release Form

___ Copy of updated immunization record

___ Emergency Contacts and Permission to Drop off & Pick up

___ Copy of driver's license of any person listed on your child's pick up form

Print Child's Name

Print Parent/Guardian's Name

Parent Signature

Date

PHOTO / VIDEO RELEASE FORM

The Oaks Academy Director and staff throughout the school year will take photographs, video, and audio recordings of the students. These will be used for the Christmas program video, end of year program and graduation video, class projects or crafts as well as for use on The Oaks Academy website or other forms of media such as Facebook. We will not use these photographs or videos of your child without your written permission, granted by signing and dating this form.

____ I GIVE permission to use my child's photo/video/audio recording in all of the statements below.

_____ I GIVE permission to use my child's photo for class projects (Mother's Day, Grandparent's Day, etc.) or for use in the classroom such as nametags, identifying cubbies, etc.

_____ I GIVE permission to use my child's photo/video/audio recording for use in the Christmas program, end of year program, Pre-K graduation, or any other school wide event.

_____ I GIVE permission to use my child's photo in any form of advertisement for The Oaks Academy, such as the annual brochure for enrollment or other electronic media.

_____ I **DO NOT** GIVE permission for my child's photo/video/audio recording to be used in any of the above statements.

Child's Name

Print Parent/Guardian's Name

Parent Signature

Date