

After School Arts Program Registration Form - Artfully Phi Gallery

Home Address: _____

Home Phone: _____ Sex: M / F D.O.B.: ___/___/___ Age: _____

Parent/Guardian's Name: _____

Address(if different): _____

Home #:(____)____ - _____ Cell #:(____)____ - _____ Email: _____

Place of Employment: _____

Address of Employment: _____ Work #:(____)____ - _____

Parent/Guardian's Name: _____

Address(if different): _____

Home #:(____)____ - _____ Cell #:(____)____ - _____ Email: _____

Place of Employment: _____

Address of Employment: _____ Work #:(____)____ - _____

Other Family Members: _____

Special instructions: _____

Person(s) authorized to pick up your child (Must show valid photo ID if requested)

Name: _____ Phone #:(____)____ - _____ License/ID#: _____

Address: _____

Name: _____ Phone #:(____)____ - _____ License/ID#: _____

Address: _____

Special Instructions for Pick-Up: _____

Information Updated: ___/___/___ Initials of Parent/Guardian: _____

Emergency Contacts

1. Name: _____ Relationship: _____

Phone #: (____) _____ - _____ Home #: (____) _____ - _____

Address: _____

2. Name: _____ Relationship: _____

Phone #: (____) _____ - _____ Home #: (____) _____ - _____

Address: _____

3. Name of Child's Doctor: _____ Phone #: (____) _____ - _____

Address: _____

4. Name of Child's Dentist: _____ Phone #: (____) _____ - _____

Address: _____

5. Insurance Policy/Number: _____

6. Hospital Preference: _____ Phone #: (____) _____ - _____

Address: _____

Medical Information

Health History - Check all that apply. Describe if necessary.

Chronic Medical Conditions: _____

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Visual Impairments | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hearing Impairments | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Heart Disease/Defect |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Measles | <input type="checkbox"/> Convulsion/Seizures |
| <input type="checkbox"/> Flu/Flu Shot | <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox |

Allergies (check all that apply)

- | | | |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Penicillin | Foods: _____ |
| <input type="checkbox"/> Plant Poisoning | <input type="checkbox"/> Other Drugs | Other/Special Instructions: _____ |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Animals | _____ |

Operations/Serious Injuries (dates): _____

Does he/she take any Medications? : _____

Information Updated: __/__/__ Initials of Parent/Guardian: ____

If applicable, please describe any health limitations relevant to your child:

If applicable, please check any activities you would like your child opted out of. A separate activity will be provided in a different location. If you do not check any, your child will be allowed to participate to the extent of program offerings.

- Music
- Arts and Crafts
- Story Time
- Other: _____

____(INITIAL)

____(INITIAL) **Authorization for Emergency Medical Care**

I/We hereby give permission to the staff of Artfully Phi Gallery School and After

emergency medical services. I/We give permission for the doctor, hospital, or medical services to provide emergency medical or surgical care for my/our child. It is understood that the child care provider will make a conscientious effort to communicate with any parents, guardians and emergency contacts listed on the registration document before any action will be taken, time allowing. If the child care providers is unable to reach any of the contacts listed, treatment will not be delayed. I/we will accept the possibility and expense of emergency transportation, medical or surgical treatment.

Movie Viewing Permission

It is possible that Movies and/or TV shows may be watched during this program. Please Choose one or more of the following for your child.

- ____(INITIAL) My child may watch **G** (General Audience) movies/television.
(Examples: WALL-E, March of the Penguins, The Muppet Movie)
- ____ (INITIAL) My child may watch **PG** (Parental Guidance Suggested) movies/television.
(Example: Brave, Ice Age, Jumanji)
- ____ (INITIAL) My child may **NOT** watch movies/television during the After School Care Program. An alternate activity will be provided in a separate area.

I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THE POLICIES AND PROCEDURES OF Artfully Phi Gallery SCHOOL AFTER SCHOOL CARE PROGRAM.

____Parent/Guardian Signature(s) Date:

Information Updated: __/__/__ Initials of Parent/Guardian: ____