

CHILD'S INFORMATION

Child's Name:	M/F:	Date of Birth:	Home Phone:		
Nickname:					
Child's Physical Address:		City:	State:	Zip Code:	
Start Date:		Hours and Days in Care: M T W Th F			
		From: _____ am/pm To: _____ am/pm			

MOTHER'S INFORMATION

Name:	Home Phone:
Address, if Different from Child's:	
Employer:	Work Phone:
E-mail Address:	
Cell Phone:	Last Four Social Security Numbers:

FATHER'S INFORMATION

Name:	Home Phone:
Address, if Different from Child's:	
Employer:	Work Phone:
E-mail Address:	
Cell Phone:	Last Four Social Security Numbers:

SCHOOL-AGE STUDENT INFORMATION

My child's immunization record is on file at the school listed below and is current:

Name of School:	School Phone:	Grade:	Room:	Your Student's Teacher:
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EMERGENCY CONTACTS

I authorize Deerwood Academy to allow my child to leave with the following persons in case of illness, accident, emergency, or pick up:

Name:	Address:	Cell #:
Relationship:		Work #:
		Home #:
Name:	Address:	Cell #:
Relationship:		Work #:
		Home #:
Name:	Address:	Cell #:
Relationship:		Work #:
		Home #:

MEDICAL INFORMATION

I hereby grant permission to the staff of Deerwood Academy to contact the following medical personnel to obtain emergency care, if warranted:

Doctor:	Address:	Phone:
Dentist:	Address:	Phone:
Hospital closest to Deerwood Academy Town Center:	St. Vincent's Medical Center Southside	Address: 4201 Belfort Road Jacksonville, FL 32216
		Phone: (904) 296-3700

SPECIAL CONCERNS:

Please list allergies, special medical or dietary needs, any long term medications or other areas of concern:

	Do you give your permission for your child to participate in water activities using a lawn sprinkler?	YES NO
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I ACKNOWLEDGE RECEIPT OF:

- Parents received a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY."
- Parents received, in writing, the disciplinary practices used by Deerwood Academy.
- Influenza Virus "The Flu; A Guide for Parents" – "During the 2009 legislative session, a new law was passed that requires child care facilities provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September."

Parent Signature

I WILL PROVIDE:

A current physical examination (Form 3040 - Yellow) and immunization record (Form 680 - Blue) upon enrollment. Failure to provide documents may result in your child being suspended from the facility until the records are provided.

Date