

INFORMATION AND AUTHORIZATION FORM

Complete, print and sign this form

Name of Child _____ M or F Nickname _____

Birth date _____ Age _____

Home Address _____

Home Phone _____

PARENT(S) OR GUARDIAN(S) INFORMATION:

Parent 1 : _____ Parent 2: _____

Parent 1 Email : _____ Parent 2 Email : _____

Cell phone parent 1: _____ Cell Phone parent 2: _____

Employer parent 1: _____ Employer parent 2: _____

Work phone parent 1: _____ Work phone parent 2: _____

If parent or guardian cannot be reached, list alternatives below:

Name & Relationship: _____

Home phone: _____ Cell phone: _____

Name & Relationship: _____

Home phone: _____ Cell phone _____

AUTHORIZATION FOR STAFF TO CONSENT TO TREATMENT OF CHILD

We will always try to reach a parent or legal guardian if there is an emergency involving your child. If your child is involved in an accident that we feel is serious, we will call 911 which sends the rescue truck (paramedics) and ambulance. If the determination is made that emergency care is needed at the hospital, the ambulance will transport your child to: _____ Hospital. Please notify us immediately if any of your phone numbers change.

As a parent or legal guardian of _____

Child's Name

Child's Birth date

I hereby authorize staff members of Nanakusa to access medical information and to consent to any medical or surgical treatment of the above child which such staff members deem advisable in an emergency if a parent or legal guardian cannot reasonably be located when the child is brought for treatment.

√ *Signature of parent or legal guardian* _____ *Date* _____

MEDICAL INFORMATION FOR _____ (child's name)

CHRONIC ILLNESSES & ALLERGIES (food, pet, other): _____

EPI PEN: _____ YES or _____ NO

ALLERGIES TO MEDICATIONS: _____

FOOD PREFERENCES (e.g.. Vegetarian, gluten-free, vegan, etc.) _____

I understand my child's food allergies or preferences will be posted in the classroom.

√ *Signature* _____ *Date* _____

MEDICAL HISTORY, MEDICAL CONCERNS AND SPECIAL HEALTH NEEDS _____

CURRENT MEDICATIONS: _____

Child's Doctor: _____ Phone: _____

Medical Insurance Company: _____ Policy/Group ID number: _____

PICK-UP AUTHORIZATION

The following people are authorized to pick up my child:

Name	Relationship	Phone #	Cell Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

√ *Signature of parent or legal guardian* _____ *Date* _____

PHOTO AUTHORIZATION FOR PICTURES TAKEN BY TEACHERS

I give permission for my child to be photographed during classroom hours or fieldtrips by their teachers. The photos will be used to document my child's work and activities and will become part of my child's portfolio.

In addition, I do _____ or do not _____ authorize my child's picture to be put on our web site.

√ *Signature of parent or legal guardian* _____ *Date* _____

PHOTO POLICY FOR PICTURES TAKEN BY PARENTS

Pictures or videos taken by parents that include children other than their own CANNOT be published or shared on any social networking site, including, but not limited to: Facebook, Twitter, MySpace, Blogger, Flickr, LinkedIn, Instagram, YouTube OR in e-mails.

√ *Signature of parent or legal guardian* _____ *Date* _____

TUITION AND MATERIAL FEE

I understand that tuition is due every month from September to June. Each payment will be due by the 7th of each month. A \$20 late fee will be charged if payment is received after the 10th.

Signature of parent or legal guardian _____ *Date* _____

WITHDRAWING

I understand that if I withdraw my child from Nanakusa during the school year, I will provide Nanakusa a written notification one month prior to the withdrawal date.

√ *Signature of parent or legal guardian* _____ *Date* _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I acknowledge and assume all risks associated with my child's participation in the program including, without limitation, falls, animal bites, food poisoning, ground conditions, effects of weather including heat or cold, illness, and physical injuries.

In consideration of _____ (print child's name) ("Minor") being permitted to participate in services and activities provided by Nanakusa and to use its equipment and facilities, I further agree to indemnify and hold harmless Nanakusa from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

√ *Signature of parent or legal guardian* _____ *Date* _____