



Registration Form

Child's Name: _____ Date: _____

Date of Birth _____/_____/_____ Male: _____ Female: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent Cell 1: _____ Parent Cell 2: _____

Parent's/Guardian's Name: _____

Child lives with (**circle all that apply**): Mother and Father Mother Father Other: _____

Mother's Occupation: _____ Work Phone: _____

Father's Occupation: _____ Work Phone: _____

Guardian's Occupation: _____ Work Phone: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Has your child ever attended Preschool? ___ Yes ___ No If yes, where? _____

Church Affiliation: _____

My child may be picked up by:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Photo Release:

Periodically, photos of the children may be placed on bulletin boards around the church, church website and/or promotional materials. I/We authorize Creek Path Childcare to place photos of my child on bulletin boards around the church, church website and/or promotional materials.

Parent/Guardian: _____ ***Date:*** _____



Medical Release Form

In the event of a medical emergency involving my child, I understand that Creek Path Childcare will make every effort to contact me in the event of a medical emergency. If the school cannot reach me, I give permission for CPC to seek medical attention for my child. Any medical fees incurred will be my responsibility. I agree to hold harmless CPC and Creek Path Baptist Church for their actions on my behalf. CPC reserves the right to request a medical release from your child's physician regarding any questionable illness before the child is allowed to return to classes and also whether the child is well enough to attend.

Name of Doctor: _____ Phone: _____

Parent/Guardian: _____ Date: _____

Please list **ALL** of your child's medical issues: allergies to foods, medications, insect stings/bites, etc. _____

The Director and/or appointed Office Staff are the only personnel who can administer medications. ABSOLUTELY NO MEDICATIONS WILL BE KEPT IN THE CLASSROOM OR CHILD'S BOOKBAG. Strict documentation will be kept in the school office of all medications given, recording the time given, the name of the person that administered the medication, the name of the medication, and the child's name. **NO MEDICATION** will be given **without signed documentation**. In this event, the parent or guardian will need to stop by the facility and administer the medication.

All Medications to be administered by Creek Path Childcare MUST:

- * Be in the original container (including non-prescription)
- * Be labeled with the child's name
- * Be labeled with the date (if a prescription)
- * Be authorized by the parent or physician in writing
- * Include directions for administering the medication (include the amount to be given)

Consent to Administer Prescription Medicine:

I/We authorize Creek Path Childcare to administer prescribed medicine to my/our child as specified in the prescription's directions for administration.

Parent/Guardian: _____ **Date:** _____

Consent to Administer Over the Counter Medicine:

I/We authorize Creek Path Childcare to administer over the counter medicine to my/our child as specified in written instructions.

Parent/Guardian: _____ **Date:** _____

In the case of life-threatening emergency, we will use immediate first aid will be given (when needed) and call 911. A staff member will attempt to contact the parent by phone to explain the situation. If the parent cannot be reached; we will attempt to contact a person from the child's Emergency Release Form.

ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE!

Parent/Guardian: _____ **Date:** _____

Creek Path Childcare Technology Agreement For K-5th Grade Students in Summer Childcare

CPC believes that our K-5th grade students should have access to technologies when they act in a responsible, efficient, courteous, and legal manner. Internet access and other online service available to students offer a multitude of learning tools and global resources. **During our Summer program, our K-5th grade students will be allowed the use of their individual device 30 minutes in the morning session, as well as, 30 minutes in the afternoon session.**

The use of Electronic devices and the Internet is a privilege, not a right for all students. Staff will constantly monitor and supervise these sessions. **The following constitutes our agreement:**

1. CPC staff have the right to review any material sent, emailed, accessed, or stored through CPC technology or an CPC provided network account.
2. CPC staff can take away my student-owned device if it is believed to be unlawful, obscene, harassing, or otherwise objectionable.
3. CPC makes every effort to protect students from inappropriate material on the Internet, but no system is foolproof. CPC will not be held accountable for any harm or damages that result in the use of a student-owned device.
4. CPC will not be responsible for financial obligations arising through unauthorized use of the technology resources from a student-owned device.
5. Parents/Guardians can be held financially responsible for any harm that may result from intentional misuse of CPC's technology resources or another student-owned device.
6. CPC accepts NO liability on student-owned technology resources (lost/stolen) used on CPC property.
7. CPC Director has the final say on what constitutes a violation of the Acceptable Use Policy. Violations include, but are not limited to, all points listed. In the event that a violation of the Acceptable Use Policy the student will be given the opportunity to be heard in the same manner as other disciplinary actions at the school.

I, _____ **(Child's Name) promise to follow these rules:**

- I promise to use my electronic device carefully.
- I promise to only work on the programs and web pages that my teacher tells me to use.
- I promise to ask for help if I don't know what to do.
- I promise never to use my electronic device to be hurtful to others.
- I promise that I will take care of my electronic device and put it away when my session time is over.
- I understand that if I break any of my promises, I might not be able to use my electronic device for a period of time or indefinitely.

Parent/Guardian

I have read the above information and I am fully aware and agree with the policies and procedures set forth by Creek Path Childcare.

Parent/Guardian 1 (Print Full Name)

Parent/Guardian 2 (Print Full Name)

Parent/Guardian 1 (Signature)

Parent/Guardian 2 (Signature)

Date: _____