

**Enrollment Form**  
**Zephyr Christian Thursday School**  
**2018-2019**

**Child's Name:** \_\_\_\_\_ **age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
(street/PO box)

\_\_\_\_\_  
(city) (state) (zip code)

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**Father's Name:** \_\_\_\_\_ **Telephone (a.m.):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone (p.m.):** \_\_\_\_\_  
(street / PO box)

\_\_\_\_\_  
(city) (state) (zip code)

Do you have a pager or cell phone? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list numbers: Cell phone: \_\_\_\_\_

Pager: \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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**Mother's Name:** \_\_\_\_\_ **Telephone (a.m.):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone (p.m.):** \_\_\_\_\_  
(street / PO box)

\_\_\_\_\_  
(city) (state) (zip code)

Do you have a pager or cell phone? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list numbers: Cell phone: \_\_\_\_\_

Pager: \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**For Thursday School Use Only**      **Date Completed Application Received:** \_\_\_\_\_

# Enrollment Form

## ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

(street/PO box)

(city)

(state)

(zip code)

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

(street/PO box)

(city)

(state)

(zip code)

\*\*\*\*\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

(street/PO box)

(city)

(state)

(zip code)

\*\*\*\*\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

(street/PO box)

(city)

(state)

(zip code)

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**PHYSICIAN TO BE CALLED IN AN EMERGENCY**

Name: \_\_\_\_\_ Office Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city)

Hospital: \_\_\_\_\_ Telephone: \_\_\_\_\_

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**NAME OF PERSONS AUTHORIZED TO TAKE CHILD FROM  
THURSDAY SCHOOL**

(Please notify your authorized person(s) that a form of photo ID will be required when picking up child.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL INFORMATION FORM

Parents please include information on any allergies, operations or any medical condition which the Thursday School should know about and be alerted to.

My child \_\_\_\_\_ has a diagnosed medical condition of  
(child's name) \_\_\_\_\_ and needs to be closely  
observed for these symptoms, \_\_\_\_\_  
\_\_\_\_\_

Any known allergies?    \_\_\_ yes    \_\_\_ no

If yes, please list items allergic to along with symptoms.

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Animal(s): \_\_\_\_\_

Special instructions that would assist our staff in caring for your child: \_\_\_\_\_  
\_\_\_\_\_

My child \_\_\_\_\_ is taking the following medications: \_\_\_\_\_  
(child's name)

**(Note: If your child will need to take medication during the hours of Thursday School, please plan to be present or your designee, to administer the medication.)**

I understand that any allergic reactions or special conditions will be noted and posted by the Thursday School.

**Parents signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent: If no known conditions, please write "none known" in the appropriate space and sign)

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**AUTHORIZATION TO CONSENT TO EMERGENCY VEHICLE  
TRANSPORTATION FORM**

In the event that I, \_\_\_\_\_, a lawful  
parent or guardian of the child \_\_\_\_\_,  
(child's full name)

can not be reached by telephone, I hereby appoint staff and/or teachers at the  
Zephyr Christian Thursday School to authorize transportation by an emergency  
vehicle (i.e., ambulance) to the Florida Hospital, 7050 Gall Blvd, Zephyrhills for  
medical and emergency treatment.

**AUTHORIZATION TO CONSENT TO MEDICAL CARE**

In the event that I, \_\_\_\_\_, a lawful parent or  
guardian of the child \_\_\_\_\_ can not be reached  
(child's full name)

by telephone, I hereby give consent and appoint the staff and/or teachers at the Zephyr  
Christian Thursday School to act in my behalf until I can be reached for the following  
purpose:

To authorize any and all medical and hospital care and treatment. If surgery is  
required or deemed necessary the recommendation by two licensed physicians  
will be required.

I give this authorization in advance of any care or treatment being required in order to  
provide any and all care and treatment that might be necessary in my absence to my  
child.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

