



Child's Name _____
Last Name First Name MI

Birthday _____

Street Address _____

City _____ Zip Code _____

Parent 1 _____ Phone Number _____

Parent 2 _____ Phone Number _____

Email _____

CDS may release my child to the following _____

In case of an emergency contact (if you cannot be reached)

1st Choice _____ Phone Number _____

2nd Choice _____ Phone Number _____

I, _____, for myself and my minor child, hereby release, discharge, and hold harmless Coastal Day School and its officers, directors, employees, representatives, volunteers, and owners, for, from, and against any and all liability and responsibility whatsoever, for any and all damages, claims, or causes of action that my minor child and I may have for any loss, personal injury, or death. In signing this agreement, I acknowledge and represent that I have read and understand this agreement; that I am at least eighteen (18) years of age and fully competent; and that I am the legal guardian of this minor participant. I have also read and fully understand the Coastal Day School Parent Handbook. I agree to all terms and conditions listed in the parent handbook and agree to abide by all the rules set by Coastal Day School.

Parent/Guardian Signature _____ Date _____

Personal 4-digit entry code _____

Known Allergies and Medical Conditions

Child's Name _____

Date of Birth _____

My child has no known allergies or medical conditions.

My child has the following allergies and/or medical conditions:

Allergy	Reaction	Treatment

Medical Conditions/Limitations and Special Instructions _____

Parent's Signature _____ Date _____

Permission to Photograph

We will be making many memories this year and we like to catch as many as possible on camera. We will be displaying your child's picture throughout our center as well as on private social media accounts that are only shared with parents in your child's class. We do also have public pages as well that we would like to display pictures on with your permission.

Child's Name _____

Please initial one:

_____ I give Coastal Day School permission to post my child's photo on CDS's public social media accounts on Facebook and Instagram and the CDS blog and website.

_____ I **do not** give Coastal Day School permission to post my child's photo on CDS's public social media accounts on Facebook and Instagram and the CDS blog and website.

Parent's Signature _____ Date _____

Permission to Transport

I give permission for my child to be transported in a motor vehicle driven by an employee of Coastal Day School during break care, to and from field trips. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver.

I have read, understand, and discussed with my child that:

- They are required to wear a safety-belt at all times
- They are expected to respect each other, the vehicle they are riding in, and the driver
- They are to remain in their seats and not be disruptive to the driver

*All students are required to buckle their own seatbelt.

Parent's Signature _____ Date _____

Illness Policy

In order to provide a safe and clean environment for all children at CDS, parents MUST NOT bring their child if they are exhibiting any symptoms listed below:

- A temperature of 100 degrees or higher
- Red, watery eyes (pink eye)
- Undiagnosed rash
- Excessive runny nose/ sneezing
- Excessive cough
- Sore Throat
- Nausea/ Vomiting
- Diarrhea
- Covid-19 or Flu Symptoms

Children must be completely symptom free for 24 hours without the aid of medication in order to return to CDS. Tuition is not refunded, credited, or discounted for absences due to illness.

By signing below, I am confirming that I understand this policy in its entirety. I understand that sending my child to preschool/after school at CDS does come with the risk of exposure and possible infection of the coronavirus. I understand I will be responsible for tuition regardless of attendance.

Parent's Printed Name _____

Parent's Signature _____ Date _____