



Child's Name _____
Last Name First Name MI

Birthday _____

Street Address _____

City _____ Zip Code _____

Mother's Name _____ Phone Number _____

Father's Name _____ 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 _____



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

All children MUST be up to date on their immunizations.
We do not administer medication of any kind.

Your child should not have experienced any of these symptoms for at least 24 hours before coming to CDS. We will contact parents immediately if a child exhibits any of the above symptoms while at CDS.

Please turn in this form signed along with your child's shot record.

Childs Name _____

Parents Signature _____ Date _____

Child's Name _____

Permission to Photograph

We will be making many memories this year and we like to catch as many as possible on camera. We would love to be able to display some of the photos to show everyone what a day in our program looks like.

Please initial all that apply:

_____ I give Coastal Day School permission to display my child's photo throughout the center in frames, and on the TV in the lobby.

_____ I give Coastal Day School permission to use my child's photo on the center's website, blog, and Facebook page. We post pictures frequently of special events going on at school so make sure you initial this if you would like to see them ☺

Permission to Transport

I give permission for the child named above to be transported in a motor vehicle driven by an employee of Coastal Day School to and from field trips during breaks over the 2017-2018 school year. 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 Printed Name _____

Parent's Signature _____ Date _____



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 _____