

# NEW LIFE CHRISTIAN ACADEMY

## Student Record 2016-2017

In accordance with Child Care Licensing regulations: 114-503 (G)

**STEP ONE:** 114-503 (G)(5)(a)

Child's Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of enrollment \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Home address \_\_\_\_\_

Home telephone number \_\_\_\_\_

**STEP TWO:** 114-503 (G)(5)(b)

\_\_\_\_\_  
Full Name of Parent(s) or Guardian(s)

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

**STEP THREE:** 114-503 (G)(5)(c)

Names of person(s) who can assume responsibility for your child in case of an emergency if the parent(s) or guardian(s) cannot be reached.

Include address and telephone number:

1. \_\_\_\_\_

Name

Phone number

\_\_\_\_\_  
Address

2. \_\_\_\_\_

Name

Phone number

\_\_\_\_\_  
Address

**STEP FOUR:** 114-503 (G)(5)(e)

Names and address of person(s) who are authorized to take the child from the child care center.

Our I.D. verification policy is as follows; (See Student Handbook)

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Name

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Address

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Name

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Address

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Name

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Address

FAMILY CODE WORD \_\_\_\_\_ (if applicable)

**STEP FIVE: 114-503 (G)(5)(d) Health Information:**

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Name of family doctor/physician or health resource

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Telephone Number

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Address

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Name of family dentist or health resource

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Telephone Number

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Address

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Hospital Preference

**STEP SIX: 114-503 (G)(5)(g)**

I, \_\_\_\_\_, authorize \_\_\_\_\_

to obtain emergency medical treatment for \_\_\_\_\_, as

stated in the emergency policies of our child care center.

**STEP SEVEN: 114-503 (G)(5)(j)**

I, \_\_\_\_\_, agree to the discipline policies of the child care facility.

X \_\_\_\_\_ Date: \_\_\_\_\_

**STEP EIGHT: 114-503 (G)(5)(h) & 114-503 (G)(5)(i) IF APPLICABLE:**

I, \_\_\_\_\_, authorize \_\_\_\_\_

to transport \_\_\_\_\_, to and from the facility and during field trips.

**STEP NINE:** 114-503 (G)(7): requires that emergency information for each child shall be easily and immediately accessible while at the center, during transportation, and during any trips away from the premises, and it shall include the following:

**Emergency Information for:**

Child's Name 114-503 (G)(7)(a): \_\_\_\_\_  
\_\_\_\_\_

Full Name of Parent(s) or Guardian(s)

Current Home address \_\_\_\_\_

Contact telephone numbers- please include home, work, and mobile numbers:

\_\_\_\_\_

114-503 (G)(7)(b): Names of **at least two persons** who have the authority to obtain emergency medical treatment for your child, if the parent(s) or guardian(s) cannot be reached.

Include relationship, address and telephone number:

1. \_\_\_\_\_  
Name Relationship Phone number

\_\_\_\_\_  
Address

2. \_\_\_\_\_  
Name Relationship Phone number

\_\_\_\_\_  
Address 114-503 (G)(7)(c):

\_\_\_\_\_  
Name of family doctor/physician or health resource Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of family dentist or health resource Telephone Number

\_\_\_\_\_  
Address

Hospital Preference

114-503 (G)(7)(d): Provide your child's health insurance information below:

\_\_\_\_\_