



# EAST LAKE PRE-SCHOOL ACADEMY AT DREW

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Home Address (street/City/State/Zip) \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Father's Home Address (If different from the child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address (Street/City/State/Zip) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Mother's Address (If different from the child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address (Street/City/State/Zip) \_\_\_\_\_

Child's Living Arrangements: ( ) Both Parents ( ) Mother only ( ) Father only ( ) Other

Child's Legal Guardian(s): ( ) Both Parents ( ) Mother only ( ) Father only ( ) Other

The child may be released to the person(s) signing this agreement or to the following:

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street/City/State/Zip)

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street/City/State/Zip)

Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street/City/State/Zip)

Persons to contact in the case of emergency when parent(s) cannot be reached:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's Doctor or Clinic's name \_\_\_\_\_

Doctor's telephone Number \_\_\_\_\_

My Child has the following special needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of Birth \_\_\_\_\_ suffer an injury or illness while in the care of (Name of facility) \_\_\_\_\_ and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Facility Administrator/Person-In-Charge Signature \_\_\_\_\_ Date \_\_\_\_\_

# PARENTAL AGREEMENT WITH CHILD CARE FACILITY

1. The East Lake YMCA Pre-School Academy agrees to provide child care for (Name of child) \_\_\_\_\_ on Monday, Tuesday, Wednesday, Thursday and Friday, 7:00 AM – 6:00 PM from August to June. My child will participate in the following meal plan: breakfast, lunch, afternoon snack.
2. Before any medication is dispensed to my child, I will provide a written authorization, which includes: dates; name of child; name of medication; prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's full name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent(s), or facility personnel.
4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur; i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, etc., which include my child.
6. The East Lake Family YMCA Pre-School Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities accruing in water that is more that two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for the East Lake YMCA Pre-School Academy.

\_\_\_\_\_  
Parent/Guardian Signature Date \_\_\_\_\_

\_\_\_\_\_  
Facility Administrator/Person-In-Charge Signature Date \_\_\_\_\_