

**KID'S PLACE AT SEQUOYAH, INC.
2018-2019 REGISTRATION FORM**

Located at Sequoyah Elementary School, 942 Southgate Rd., Knoxville, TN 37919, Phone 865-594-1360

IMPORTANT: State regulations require a health form and registration form be completed and **filled out in full** before your child can attend Kid's Place. Please allow 48 hours for us to process your child's information.

CHILD'S INFORMATION

Child's Name: _____ Date of Birth: _____ Grade: _____
Child's Address: _____ Zip Code: _____

Custodial Parent/Guardian #1: _____ Home #: _____
Home Address: _____ Zip: _____ Cell #: _____
Work Address: _____ Zip: _____ Work #: _____
Work Hours: _____

Custodial Parent/Guardian #2: _____ Home#: _____
Home Address: _____ Zip: _____ Cell #: _____
Work Address: _____ Zip: _____ Work #: _____
Work Hours: _____

It is REQUIRED that you provide KP with an email address that you check frequently. We use this to communicate important information regarding KP closings, in-service registration deadlines, upcoming events, etc.

Email address: _____

If your billing information is different than your child's address, please indicate below:

Billing address: _____

EMERGENCY INFORMATION (all information must be completed)

Child's Physician: _____ Physician's Phone #: _____
Physician's Address: _____ Zip: _____
Preferred Hospital: _____ Medical Insurance Co.: _____ Policy ID#: _____

Please indicate below those person(s) who may pick up your child or act in an emergency if parents are unavailable.

Name: _____ Home address: _____ Home #: _____
Work address: _____ Work #: _____ Cell #: _____

Name: _____ Home address: _____ Home #: _____
Work address: _____ Work #: _____ Cell #: _____

Name: _____ Home address: _____ Home #: _____
Work address: _____ Work #: _____ Cell #: _____

_____ No one is allowed to pick up my child or act in an emergency other than the custodial parent/guardian listed above (please do not check this box if you have listed emergency contact numbers above).

ENROLLMENT OPTIONS (SEE PARENT HANDBOOK FOR RATES)

___ Full Time
___ Part Time*
___ Drop In

*If you checked Part Time please indicate below which day(s) a week your child will be attending.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

PARENTAL AGREEMENT

- I have received a copy of the Dept. of Human Services licensing requirements.
- I have performed an on-site visit to Kid's Place and reviewed its facility, policies, and practices.
- I have read and reviewed the 2018-2019 Parent Handbook and agree to its policies.
- I am responsible for all bills incurred.

Parent (Guardian) Signature _____ Date _____

MEDIA RELEASE

I give permission for Kid's Place at Sequoyah, Inc. to use the likeness and words of my child in the radio, newspapers, magazines, and other media for the purposes of and activities of Kid's Place at Sequoyah, Inc.

Parent (Guardian) Signature _____ Date _____

**KID'S PLACE AT SEQUOYAH, INC.
2018-2019 HEALTH FORM**

Many hospitals and doctors will not treat a child without parental consent (unless a matter of life or death). DHS and KP require that you complete the information below so that if your child requires a visit to the hospital while under the supervision of Kid's Place, the hospital will be able to treat the injury. Every effort will be made to contact the parents/guardians prior to treatment. If your child is not immunized for religious or medical purposes, documentation from a medical professional is required.

Child's Name: _____

PREGNANCY AND BIRTH (check all that apply)

- ___ Complications with pregnancy, if so explain: _____
- ___ Complications with birth, if so explain: _____
- ___ Did your child receive any special treatment in the hospital following delivery?
If so, explain: _____
- ___ Was your child premature?

HEALTH HISTORY (check all that apply)

- | | |
|---|--|
| <ul style="list-style-type: none">Height: _____ Weight: ________ Drug Allergies: ________ Food Allergies: ________ Other Allergies: ________ Hemophilia___ Frequent Upset Stomach___ Frequent Nose Bleeds___ Chicken Pox___ Chicken Pox Vaccine___ Mumps___ Measles___ Frequent Sinus Infections___ Ear Infections ___ Tubes___ Frequent Sore Throats___ Hearing Impairment___ Eyeglasses___ Contact Lenses ___ Hard ___ Soft___ Asthma, if so:
Use of inhaler: _____
Will you be keeping an inhaler at KP: ________ Heart Condition, if so:
___ Heart Murmur
___ Heart Monitor
___ Other: _____Does your child have any limitations?: ________ Overnight Hospital Stay _____ | <ul style="list-style-type: none">___ Seizure, if so:
Date of last seizure: __/__/__
Describe last seizure: _____
Does the child have an aura before seizure? ________ Diabetes, if so:
Insulin: _____
Dosage: _____
Oral: _____
Diet Control: ________ Latex Allergy___ Physical Handicap, if so:
Special Needs: ________ Special Diet Needs:
___ Vegetarian
___ Kosher
___ No Nuts
___ No Dairy Products
___ Other: ________ Bladder or Kidney Problems___ Frequent Tonsillitis___ Onset of Menstruation___ Current Medication: ________ Special Instructions/Dosage: ________ Peanut Allergy, if so:
Does your child require an EPI Pen or Benadryl?: _____ |
|---|--|

Prescribed and non-prescribed medications will not be administered or stored for your child unless the proper documentation has been provided. Please contact the KP office for more information.

Use the space below to provide any additional information about the child's behavior and physical, emotional, or mental health about which Kid's Place should be aware.

Sunscreen: I hereby give Kid's Place at Sequoyah, Inc. permission to provide my child with NO-AD SPF 30 sunscreen as needed.

Parent (Guardian) Signature _____ Date _____

Emergency Care: I hereby give Kid's Place at Sequoyah, Inc. permission to seek emergency medical care for my child if they become sick or ill and require immediate attention. I give permission to Kid's Place at Sequoyah, Inc. to arrange necessary related transportation for my child. My child's current immunization and medical records are on file in the Sequoyah Elementary School office.

Parent (Guardian) Signature _____ Date _____