

STEP 5: Pick Up Authorization *Limit of four names other than those already stated.*

1	_____	_____	_____
	Name	Relationship	Phone
2	_____	_____	_____
	Name	Relationship	Phone
3	_____	_____	_____
	Name	Relationship	Phone
4	_____	_____	_____
	Name	Relationship	Phone

STEP 6: Child's Medical & Emergency Information

When requested, please clearly mark your initials in appropriate areas.

Please check if any of the following are problems for this child:

anaphylaxis risk factors (EpiPen required) _____

asthma diabetes allergies (please list) _____

seizures other _____
(i.e., contacts, nosebleeds, etc.)

Physician's Name _____ Ph # _____

List child's regular medications (administered at home or school) _____

NOTE: All medications (all children—all ages) will be kept and administered in the office. Prescription medication will be administered according to the prescription labeling and will be administered from its original container only. Medication Request Form must be completed and updated.

OK for non-medical school personnel to administer acetaminophen (Tylenol) for initial minor aches and pains (i.e., headaches, mouth pain, etc.) during program hours.

Authorization of the following items is MANDATORY, please INITIAL:

I fully understand that Summerbrook ChildCARE and Summerbrook Community Church do not carry health or medical insurance on my child. I understand and fully agree that I am responsible for any and all medical or health related cost that might develop as a result of accidents, injury, sickness or other situations requiring medical care and treatment.

In case of a medical emergency, I give permission for immediate transport and/or treatment by a hospital, and/or physician and/or other medical personnel. (NOTE: every effort will be made to immediately notify parents of any such medical emergency.) I would, if possible, prefer that my child be transported to _____

My child is covered by the following health or medical insurance policy:

I authorize the following to make medical decisions for my child, on my behalf, if I cannot be reached in an emergency.

Name _____ Telephone _____

Name _____ Telephone _____

Authorized Parent Signature _____ Date _____



676 Orangeburg Rd., Summerville, SC 29483 PH# 843-406-3437

Date ____/____/____

Instructions Please print clearly in ink. New child applicants must provide copies of the following documents:

Birth Certificate DHEC Shot Record Discipline Record (if applicable)

PROGRAM: MDO/PRESCHOOL: _____ AFTERCARE: _____

STEP 1: Student Information

FULL NAME _____
LAST NAME FIRST NAME MIDDLE Jr, III, etc.

Called by _____ Birthdate ____/____/____

Tshirt Size YXS YS YM YL AS AM AL

Grade/School (AfterCARE) _____ / _____

STEP 2: Student Family Information

Church Family Attends _____

Please select one family type:

Traditional Blended Single Parent Other

If you selected Blended, Single Parent or Other, please complete STEP 4 as well as the following:

With whom does the child reside? _____

Who has legal custody and control? _____

Office Use Only:

Date Received _____ Appt Date _____ / Time _____ AM/PM Amt Paid \$ _____

STEP 3: Parent/Legal Guardian Information

Mailing Address _____
Street or PO Box

City _____ State _____ Zip Code _____ Home # _____

Father StepFather Other: _____

FULL NAME _____
LAST NAME FIRST NAME MIDDLE Sr, III, etc.

Work Phone _____ Ext. _____ Mobile _____

Email _____

Occupation _____

Employer _____

Mother StepMother Other: _____

FULL NAME _____
LAST NAME FIRST NAME MIDDLE Sr, III, etc.

Work Phone _____ Ext. _____ Mobile _____

Email _____

Occupation _____

Employer _____

Other Family Members Living in Home:

Name/Relationship _____ Age _____

Name/Relationship _____ Age _____

Name/Relationship _____ Age _____

Name/Relationship _____ Age _____

Other: _____

STEP 4: Noncustodial Parent Information (if applicable)

Mailing Address _____
Street or PO Box

City _____ State _____ Zip Code _____ Home # _____

Father StepFather Other: _____ Student Pick Up? Yes No

FULL NAME _____
LAST NAME FIRST NAME MIDDLE Sr, III, etc.

Work Phone _____ Ext. _____ Mobile _____

Occupation _____

Employer _____

Mother StepMother Other: _____ Student Pick Up? Yes No

FULL NAME _____
LAST NAME FIRST NAME MIDDLE Sr, III, etc.

Work Phone _____ Ext. _____ Mobile _____

Occupation _____

Employer _____

Other Family Members Living in Noncustodial Home:

Name/Relationship _____ Age _____

Name/Relationship _____ Age _____

Name/Relationship _____ Age _____

[] Please Initial **Multimedia Publication Notice:** Summerbrook ChildCARE reserves the right to use photographs or video images, taken during childcare events, for the purposes of instruction, advertising and/or promoting Summerbrook ChildCARE and its programs. Parents who do not wish to comply with this policy must notify the school office IN WRITING and submit documentation with this application.