

CHILDREN'S ARK STUDENT APPLICATION

Full Name of Student _____ M/F _____ Date of Birth _____

Mother's Full Name _____ SS # Last 4 _____

Mother's Physical Address, City, Zip _____

Mother's Mailing Address, City, Zip _____

Mother's E-Mail Address _____

Phone: Cell phone provider: _____ Cell phone number: (_____) _____

Employer and Address _____ Phone _____

Father's Full Name _____ SS # Last 4 _____

Father's Physical Address, City, Zip _____

Father's Mailing Address, City, Zip _____

Father's E-Mail Address _____

Phone: Cell phone provider: _____ Cell phone number: (_____) _____

Employer and Address _____ Phone _____

Child lives with: Mother: _____ Father: _____ Both: _____ Other: _____

Doctor's Name _____ Phone _____

Doctor's Address _____

****In order to comply with state law, it will be REQUIRED for the parent/guardian to supply Children's Ark with a Health Provider's Report form WITH CURRENT IMMUNIZATIONS, no later than one week after the date attendance begins.**

****FOOD ALLERGIES require a separate physician's form and are available upon request at Children's Ark.**

Persons to call in emergency if parent/guardian cannot be reached...

Name _____ Address _____

Phone Wk: _____ Hm: _____ Cell: _____ Relationship _____

Name _____ Address _____

Phone Wk: _____ Hm: _____ Cell: _____ Relationship _____

****Children will be released only to Parents/Guardian or to a Person Designated by the Parents/Guardian****

List of individuals who may pick up child:

Name _____ Dr.'s License Number & State _____

Phone Wk: _____ Hm: _____ Cell: _____

Name _____ Dr.'s License Number & State _____

Phone Wk: _____ Hm: _____ Cell: _____

Name _____ Dr.'s License Number & State _____

Phone Wk: _____ Hm: _____ Cell: _____

over

****For your child's safety, all children brought to Children's Ark must be brought inside the building unless greeted at the curb by a staff member and left in the presence of a staff member****

Yes No

_____ I have been informed that in accordance with federal law and US Department of Agriculture policy, that Children's Ark is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

_____ I have been informed of Children's Ark's fees and have access to the Children's Ark Parent Handbook, including operational policies. <https://kfumc.org/childrens-ark>

_____ I am noting special information about my child. (Note special problems such as allergies, existing illness &/or medication prescribed for continuous long term use.)

_____ My child has permission to have photographs, slides and audio/video taping done for educational purposes.

I give consent for my child to participate in the following water activities: __ water table play __sprinkler play __splashing or wading pools __swimming pools __aquatic playgrounds (splash pad). Is your child able to swim without assistance __yes __no If not, what type of assistance is necessary?

_____ My child has permission to be transported to and from Children's Ark for field trips and/or emergency care.

_____ My child has authorization for medical care in an emergency.

Please list any special needs your child has:

My child will be at Children's Ark from approximately _____ to _____

Please circle days of participation: Monday, Tuesday, Wednesday, Thursday and Friday.

My child will be here for morning snack (9:00am) _____, lunch (11:00am) _____, afternoon snack (3:00-3:30pm) _____.

Ethnicity of child, please circle one:

1=African American 2=American Indian Eskimo 3=Anglo White, Non-Hispanic 4=Asian American, Pacific Islander
5=Hispanic Spanish 6=Other. Specify: _____

Children's Ark does not render childcare services off its premises, except in the event of field trips, which have been authorized in advance by the parent/guardian. Accordingly, if you arrange with a staff member for off-premises care of your child, the staff member undertakes such service on her/his own behalf and not as our employee. Children's Ark staff members are selected and retained only on the basis of their fitness for rendering childcare services in a controlled and fully supervised childcare program. Children's Ark offers no assurance of the fitness of its staff members for performing these and other services in an environment that is not professionally supervised (such as transporting children or caring for them in your home) and none should be implied or inferred under any circumstances.

Under the Texas Penal code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

I understand and accept the policies of Children's Ark.

Date _____ Signature of Parent/Guardian _____

Enrollment Date _____

Withdrawal Date _____

Updated 7.21.23