

CHILDREN'S ARK STUDENT APPLICATION

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

Mother's Full Name _____ SS# _____

Mother's Physical Address, City, Zip _____

Mother's Mailing Address, City, Zip _____

Mother's E-Mail Address _____

Home Phone (_____) _____ Cellular Phone (_____) _____ Pager (_____) _____

Employer/Address _____ Phone _____

Father's Full Name _____ SS # _____

Father's Physical Address, City, Zip _____

Father's Mailing Address, City, Zip _____

Father's E-Mail Address _____

Home Phone (_____) _____ Cellular Phone (_____) _____ Pager (_____) _____

Employer/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 necessary for the parent/guardian to supply Children's Ark with a Physician's Report form, on a form supplied by Children's Ark, no later than one week after the date attendance begins.

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 received a Children's Ark Parent Handbook.

_____ _____ 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.

_____ _____ My child has permission to participate in water activities.

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

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

_____ _____ My family is interested in more information about the programs here at KFUMC.

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.

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

Date _____ Signature of Parent/Guardian _____

Enrollment Date _____

Withdrawal Date _____