

# 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 \_\_\_\_\_