

<p><b>Full Day Childcare (6:30am-5:45pm):</b></p> <p><input type="checkbox"/> Infants</p> <p><input type="checkbox"/> Toddlers</p> <p><input type="checkbox"/> 2-year-olds (by Aug. 1)</p> <p><input type="checkbox"/> 3-year-olds (by Aug. 1)</p> <p><input type="checkbox"/> 4-year-olds (by Aug. 1)</p> <p><input type="checkbox"/> Transitional Kindergarten (full day daycare)</p> <p><input type="checkbox"/> Transitional Kindergarten (8:30-3:30)</p> <p>Days of the week needed (circle all that apply):</p> <p>M   T   W   R   F</p>	<p>Estimated Drop off time: _____</p> <p>Estimated Pick up time: _____</p> <p>Estimated starting date: _____</p> <p>Date of Application: _____</p> <p>Teacher Request: _____</p> <p>Siblings: _____</p> <p>_____</p> <p>_____</p>
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Applicant's Parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ Widow(er)

***In cases of divorce, separation, foster care or other guardianship, a copy of the court ordered custodial agreement must be on file with the school.***

Applicant in legal custody of: ☐ Both Parents ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Applicant lives with (name and relationship): \_\_\_\_\_

Please initial the following:

\_\_\_\_\_ I give my permission for my child's picture to be posted or used for school publications.

\_\_\_\_\_ In the event collection action becomes necessary, I agree to pay reasonable attorney's fees, legal expenses, court costs, and collection costs and fees in addition to all other sums due.

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Has your child ever been suspended, asked to withdraw from school or expelled? ☐ Yes ☐ No

Has your child ever been recommended for or been tested for any learning, mental, emotional, or social disabilities?

☐ Yes ☐ No If so, where, and when? \_\_\_\_\_

What daycare did your child attend before coming to GCS? \_\_\_\_\_

Has your child ever received first steps special education services and/or accommodations within the classroom?

☐ Yes ☐ No

If yes, please provide the details: \_\_\_\_\_

Has your child ever had an Individual Educational Plan (IEP)? ☐ Yes ☐ No A section 504 plan? ☐ Yes ☐ No

Is your child on any routine medication? ☐ Yes ☐ No If yes, provide the name, dosage, and purpose of the medication: \_\_\_\_\_

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GREENWOOD CHRISTIAN CHURCH**  
**MEDICAL/LIABILITY/ACTIVITY RELEASE FORM**

Many field trips are taken throughout the school year with our daycare Pathfinders, Trailblazers, Rangers, Aviators, Voyagers and Navigators classes. The purpose of field trips is to enhance the learning experience in the classroom. You will find a variety of trips will be taken by the different classes throughout the year.

The Greenwood Christian Church bus and/or vans will be our basic means of transportation. Please understand that there are other times when parents may need to drive and transport children on a field trip. You will be notified of field trip details in our newsletters sent home with your child.

If you desire for your child **NOT** to participate in a field trip, please notify the staff ***in writing at least 24 hours in advance*** prior to the field trip. Please ***DO NOT*** bring your child to school that day ***and be aware that you must make other arrangements for them.***

**STATEMENT OF RELEASE**

Every activity sponsored by GCS is carefully planned and supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent and/or guardian agrees to assume and accept all risks and hazards inherent in school-related activities. He/she agrees not to hold GCS or its employees or volunteer assistants liable for damages, losses, or injuries to the person named above. He/she also understands that the signature below is for both a medical and liability release.

*I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school, and to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.*

In case of an emergency involving your child, it is the policy of Greenwood Christian Church to render first aid treatment while contacting parents/guardians for further instructions. If the parents/guardians cannot be contacted, designated employees of GCS will see that the child is transported to the nearest hospital (unless indicated otherwise). Once there, the employee will authorize medical treatments or procedures that, in the opinion of the attending physician, are necessary for the child's safety (x-rays, anesthetic, medical or surgical diagnosis or treatment). This step will be taken only after all emergency contacts have been exhausted or if the school has received no instructions in a reasonable amount of time. Information on this form may be shared with the appropriate GCS and EMS personnel for health and emergency purposes.

Parent or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Student Medical Emergency Information

Every student enrolled at Greenwood Christian Church Childcare must have this signed release form on file.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Grade: \_\_\_\_\_ Student Teacher: \_\_\_\_\_

Local Emergency Contacts - Other Than Parents		
Name and Relationship to Student	Phone Numbers	
	Cell:	Home:
	Work:	Other:
	Cell:	Home:
	Work:	Other:
	Cell:	Home:
	Work:	Other:
	Cell:	Home:
	Work:	Other:

Name of family doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of student's dentist: \_\_\_\_\_ Phone number: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Allergies: ☐ Yes ☐ No If yes, please explain what type of allergies and what precautions need to be taken while at school. You must also provide documentation from your physician:

\_\_\_\_\_

\_\_\_\_\_

Does your child carry an Epi Pen? ☐ Yes ☐ No

Chronic Health Problems: (please circle all that apply): Heart Condition Earaches Head Aches Colds

Hay Fever Asthma Diabetes Epilepsy Other chronic problems: \_\_\_\_\_

If you circled any of the above, please explain and provide documentation from your physician:

\_\_\_\_\_

\_\_\_\_\_

Have you ever withdrawn your child from school to avoid disciplinary action? ☐ Yes ☐ No

If you answered yes to either of the above questions, please provide complete details including the principal/director's name and address of the school or daycare facility. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PARENT'S NOTICE

State Form 49444 (R2 / 5-17)

FAMILY AND SOCIAL SERVICES ADMINISTRATION

OFFICE OF EARLY CHILDHOOD AND OUT-OF-SCHOOL LEARNING

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility:  
Greenwood Christian Church

Address of facility (number and street, city, state, and ZIP code):  
2045 Averitt Road, Greenwood, IN 46143

County:  
Johnson