

## CHILDCARE/BEFORE & AFTER SCHOOL CARE REGISTRATION FORM

### Student's Legal Name:

_____ Last	_____ First	_____ Middle	_____ Nickname	_____ Date of Birth	_____ Gender (M/F)
_____ Street Address		_____ City	_____ State & Zip Code		_____ Age
_____ Second Address if applicable		_____ City	_____ State & Zip Code		_____ Potty Trained? (Y/N)

### Mother/Guardian's Name:

_____ Last	_____ First	_____ Middle	( ) Home Phone	( ) Cell Phone
_____ Street Address		_____ City	_____ State & Zip Code	
_____ Place of Employment		_____ Occupation	( ) Business Phone	
_____ Email Address			_____ Best way to contact	

### Father/Guardian's Name:

_____ Last	_____ First	_____ Middle	( ) Home Phone	( ) Cell Phone
_____ Street Address		_____ City	_____ State & Zip Code	
_____ Place of Employment		_____ Occupation	( ) Business Phone	
_____ Email Address			_____ Best way to contact	

Student Lives with:    Mother      Father      Both      Guardian      Other      \_\_\_\_\_  
(circle)

### PROGRAM SELECTION

Check all that applies.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Before School</b> (7:00AM - 9:00AM) | <input type="checkbox"/> <b>Morning</b> (9:30 AM - 1:15 PM)               |
| <input type="checkbox"/> <b>After School</b> (3:30PM - 5:45PM)  | <input type="checkbox"/> <b>Afternoon</b> (2:00 PM - 5:45 PM)             |
|   | <input type="checkbox"/> <b>Morning and Afternoon</b> (9:30 AM - 5:45 PM) |
|   | <input type="checkbox"/> <b>Summer Program</b> (Morning and Afternoon)    |

Student Drop-off Time: \_\_\_\_\_

Student Pick-up Time: \_\_\_\_\_

## MEDICAL INFORMATION

Hospital/Clinic Preference

Physician's Name

( )

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature

Date

I release Guru Academy, Inc. and individuals from liability in case of accident during activities related to Guru Academy, Inc., as long as normal safety procedures have been taken.

Parent/Guardian Signature

Date

Witness Signature

Date

I agree to promptly notify Guru Academy, Inc. of any changes of the above information. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

I certify that all the above information on this student's application form is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date



Please remember to enclose your non-refundable \$75.00 Application Fee.

### FOR OFFICE USE ONLY

Application Fee

Cash/Check#

Date Received

Administrator Signature