

Creative Explorers Student Admission Form

Child's Name: _____ Date of Birth: _____

Grade: _____ Teacher: _____

Home Address of child: _____

Home Phone Number: _____

Mother Name: _____ Mother Phone Number: _____

Father Name: _____ Fathers Phone Number: _____

If the child's guardian is someone other than mother or father, please specify

Name: _____ Phone Number: _____

Emergency Contact Person – A responsible individual (friend or relative) who should be contacted in a emergency when the parent cannot be reached.

If the parent chooses to not designate anyone else, they will need to indicate this in writing

Name: _____ Phone Number: _____

Address: _____

I give my permission for my child to be released to the care of sibling **UNDER** the age of 18:

Parent Signature: _____

Name of sibling: _____

Persons Other Than a Parent to Whom the Child May be Released to:

Children will only be released to a parent or a guardian designated by the parent/guardian after verification of ID

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

During special events or everyday activities, we may take pictures of your child. Please initial if we may use the photos.

(INITIAL)

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries, and any hospitalizations during the past 12 months, any medications prescribed for long term continuous use, any any other any information which the care givers should be aware of:

Parent Signature: _____ Date: _____

Emergency Information Card

Creative Explorers ASP

Child's Name: _____ Date of Birth: _____

Home Address: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

If none of the following apply to your child, please initial or write "Not Applicable"

Previous or Current Medical Conditions:

Allergies:

Medications:

Parent/Guardian Signature: _____ Date: _____

**Authorizations for Emergency Medical Care
Creative Explorers ASP**

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for:

Belinda Slawson, Daycare Director
Or any Santa Fe Independent School District Staff Member

**TO TRANSPORT MY CHILD, OR MAKE ARRANGEMENTS FOR
TRANSPORTATION OF:**

Name of Child:

TO:

Name of Doctor:

Address of Doctor:

Telephone of Doctor:

OR TO:

Name of Hospital:

Address of Hospital:

Telephone Number of Hospital:

I give my consent for necessary emergency treatment when my child is in the care of this physician or hospital.

Parent/guardian Signature: _____ Date: _____

Policies and Procedures Acknowledgement Form

Childs Name: _____ Date of Birth: _____

Teacher: _____ Grade: _____

I have read and agreed to the terms of enrollment, and I have been provided with ample time and opportunity to ask questions. This form acknowledges that my child and I understand the contents of this handbook. By signing this receipt my child and I agree to follow all policies and procedures. _____ (INITIAL)

My child has a current and up to date shot record on file with their school. _____ (INITIAL)

Please check which school your child attends:

_____ Kubacak Elementary, 4131 Warpath Ave., Santa Fe TX, 77510, (409) 925 – 9600

_____ RJ Wollam Elementary, 3400 Ave. S, Santa Fe TX, 77510 (409) 925 – 2770

_____ William F. Barnett 11818 FM 1764 Santa Fe, TX 77510

Please check when your child will be attending Creative Explorers:

Mornings _____ Afternoons _____ Both _____

Parent/ Guardian Signature _____ Date: _____

OFFICE ONLY

_____ Admission Form & Policies/procedures Acknowledgement Form
_____ Emergency Information Card \$ Authorization for Emergency Care
_____ Registration Form

Date of Admission _____ Date of Withdrawal _____