

THE PIRATE'S PLAYHOUSE
AT NORTHERN ELEMENTARY
SCHOOL

INFORMATION
AND
REGISTRATION PACKET

STATEMENT TO BE SIGNED BY PHYSICIAN & DATED THREE (3) MONTHS
FOR VITAMINS, SPECIAL DIETS OR ONGOING MEDICATIONS.

MEDICATION FORM:

I HEREBY REQUEST THAT _____ OF _____ BE
INSTRUCTED THAT THE FOLLOWING DOSAGE OF MEDICATIONS BE GIVEN TO THE
ABOVE NAMED CHILD (SPECIAL DIET/VITAMINS). I HAVE DISCUSSED THE DOSAGE
WITH THE PARENTS. THE CHILD _____ IS UNDER MY CARE.

SIGNATURE OF DOCTOR.

DOSAGE _____ OF _____

(MEDICATION, VITAMINS, SPECIAL DIET)

TO BE GIVEN AS FOLLOWS: _____

CHILD: _____

MAY BE WITH OTHER CHILDREN: ___ YES ___ NO

POSSIBLE SIDE EFFECTS TO WATCH FOR:

EXPIRATION DATE OF THIS DOSAGE: _____

(MONTH/DAY/YEAR) MAY NOT EXCEED THREE MONTHS

PHYSICIAN'S SIGNATURE: _____

DATE: _____

PHONE NUMBER: _____

RX NUMBER: _____

PHARMACY: _____

THE PIRATE'S PLAYHOUSE CHILD CARE PROGRAM
PARENT'S AGREEMENT:

I, _____

GIVE MY PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN THE PIRATE'S
PLAYHOUSE CHILD CARE PROGRAM.

I UNDERSTAND I CAN NOT HOLD THE PIRATE'S PLAYHOUSE CHILD CARE
PROGRAM, IT'S STAFF AND/OR IT'S VOLUNTEERS RESPONSIBLE FOR ANY
ILLNESS OR INJURY INCURRED BY MY CHILD WHILE HE/SHE IS PARTICIPATING
WITH THE PROGRAM.

I GIVE PERMISSION FOR MY CHILD'S PHOTO TO BE TAKEN AND USED FOR ANY
PUBLICATIONS (PAMPHLETS, BROCHURES, NEWSLETTERS, BULLETIN BOARDS,
ETC.) THAT WILL BE USED BY AND/OR FOR THE PROGRAM.

I AGREE TO PAY \$25.00 EVERY WEEK FOR MY CHILD ENROLLED IN THE PIRATE'S
PLAYHOUSE AFTERSCHOOL PROGRAM AND/OR \$40.00 PER WEEK (M-F HALF
DAY) FOR THE PRESCHOOL CHILD CARE PROGRAM.

I HAVE READ THE PARENT HANDBOOK, UNDERSTAND, AND ACCEPT ALL
RESPONSIBILITIES AS A PARENT MENTIONED IN THE HANDBOOK.

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I UNDERSTAND THAT THE FOLLOWING LATE FEES WILL APPLY: \$1.00 PER
MINUTE OVERTIME CHARGES, (PER CHILD) IF I PICK MY CHILD/CHILDREN UP
AFTER 5:30 PM FOR THE AFTERSCHOOL PROGRAM AND \$1.00 PER MINUTE AS
WELL FOR THE PRESCHOOL CHILD CARE PROGRAM IF MY CHILD IS NOT PICKED

PARENT'S REQUEST FOR CAREGIVER TO ADMINISTER MEDICATION

I HEREBY GIVE _____ THE SIGNED STATEMENT FROM _____
(PHYSICIAN), AND REQUEST AND GIVE PERMISSION FOR _____
(CAREGIVER) TO ADMINISTER MEDICATION, VITAMINS, SPECIAL DIET,
FOLLOWING THE PRESCRIBED DOSAGE TO MY CHILD _____.

THE SIGNED STATEMENT AND PRESCRIBED DOSAGE WAS PRESCRIBED WITHIN
THE PAST THREE (3) MONTHS ___ YES ___ NO

THIS IS TO BE MARKED IF THERE IS A SECOND REQUEST WITHIN THREE
MONTHS

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

DOSAGE: _____ TO BE GIVEN AT THE FOLLOWING TIMES:

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_____ AM _____ PM

UP BY THE DESIGNATED TIME THAT WAS SET FORTH AND EX PLAINED TO ME
UPON REGISTRATION.

I ALSO UNDERSTAND THAT IF MY PRESCHOOL CHILD CARE STUDENT IS NOT
PICKED UP BY 3:30PM THEN MY CHILD WILL BE SENT TO THE AFTERSCHOOL
PROGRAM AND THE FULL WEEKLY FEE OF \$25.00 WILL BE ASSESSED. THESE
CHARGES WILL BE DUE ON THE DAY THAT THE PAST DUE PICK UP OCCURS.

I UNDERSTAND THAT CHILD CARE SERVICES MAY BE WITHDRAWN FOR THE
FOLLOWING REASONS:

* IF THREE OVERTIME CHARGES OCCUR

* LATE PAYMENT CHARGES OCCUR

* RETURNED CHECKS DUE TO NON-SUFFICIENT FUNDS

* ADDRESSED SERIOUS BEHAVIOR PROBLEMS/ISSUES GO UNCHANGED

PARENT/GUARDIAN SIGNATURE

DATE

THE PIRATE'S PLAYHOUSE CHILD CARE PROGRAM REGISTRATION
FORM

OFFICIAL USE ONLY: PRESCHOOL CHILD CARE: ____ (A OR P)

AFTER SCHOOL: _____

ENROLLMENT DATE: _____

GENERAL INFORMATION:

NAME OF STUDENT: _____

(LAST)

(FIRST)

(MIDDLE)

DATE OF BIRTH: _____ HOME PHONE: _____

ADDRESS: _____

SCHOOL: _____ GRADE: _____

PLEASE CIRCLE: MARRIED/DIVORCED/SEPARATED

CUSTODY PAPERS ON FILE AT THE SCHOOL? YES: ____ NO: ____

FATHER'S NAME: _____ MOTHER'S NAME: _____

FATHER'S ADDRESS: _____ MOTHER'S ADDRESS: _____

PLACE OF EMPLOYMENT: _____ PLACE OF EMPLOYMENT: _____

HOME PHONE #: _____ HOME PHONE #: _____

WORK PHONE #: _____ WORK PHONE #: _____

CELL PHONE #: _____ CELL PHONE #: _____

IF NEITHER MOTHER NOR FATHER CAN BE REACHED IN THE CASE OF AN EMERGENCY, PLEASE CALL:

List NAMES: _____ PHONE: _____

PLEASE LIST INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD. (ONLY INDIVIDUALS LISTED WILL BE ABLE TO PICK UP YOUR CHILD)

PLEASE HAVE IDENTIFICATION AVAILABLE UPON CHILD'S PICK UP.

NAME:	RELATIONSHIP:	ADDRESS:	PHONE:
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SOCIAL INFORMATION:

LIST OTHER CHILDREN IN THE FAMILY (PLEASE INCLUDE NAMES/AGE/GENDER):

FAVORITE TOY/ACTIVITIES: _____

PARENT'S METHOD OF DISCIPLINE: _____

PLEASE GIVE ANY ADDITIONAL INFORMATION CONCERNING YOUR CHILD WHICH WOULD BE HELPFUL IN HIS/HER EXPERIENCES AT SCHOOL AND GROUP PARTICIPATION. (PLAY/EATING, SLEEPING HABITS/FEARS AND ANXIETIES/LIKES AND DISLIKES, ETC.)

HEALTH FORM AND EMERGENCY NOTIFICATION AND CONSENT FORM

CHILD'S NAME: _____

ANY KNOWN ALLERGIES? YES: ____ NO: ____

PLEASE EXPLAIN: _____

DOES CHILD TAKE DAILY MEDICATIONS? YES: ____ NO: ____

PLEASE LIST AND EXPLAIN:

HAS CHILD BEEN HOSPITALIZED IN THE LAST YEAR? YES: ____ NO: ____

PLEASE EXPLAIN:

MEDICARE #: _____ MEDICAL INSURANCE: _____

CHILD'S DOCTOR: _____ PHONE #: _____

GENERAL HEALTH STATUS: EXCELLENT: ____ GOOD: ____ POOR: ____

IF POOR, PLEASE EXPLAIN:

ANY RESTRICTIONS ON CHILD'S PARTICIPATION IN REGULAR ACTIVITIES?

YES: ____ NO: ____

IF YES, PLEASE EXPLAIN:

BRIEF MEDICAL HISTORY:

PLEASE LIST ANY SURGERIES / HOSPITALIZATIONS:

EMERGENCY CONSENT FORM:

IN THE EVENT OF A SERIOUS ILLNESS OR INJURY AND AFTER REASONABLE ATTEMPTS TO REACH THE PARENTS/GUARDIAN HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT TO TRANSFER TO AND TREAT MY CHILD AT THE NEAREST HOSPITAL. THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS, CONCURRING IN THE NECESSITY FOR SUCH SURGERY ARE OBTAINED PRIOR TO THE PERFORMANCE OF SUCH SURGERY.

PARENT/GUARDIAN SIGNATURE

DATE

REFUSAL TO CONSENT:

I DO NOT GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD IN THE EVENT OF ILLNESS OR INJURY. I WISH THE CAREGIVER TO TAKE ONLY THE ACTION I HAVE LISTED BELOW.

PARENT/GUARDIAN SIGNATURE

DATE

AS REQUIRED BY STATE LAW, PLEASE INDICATE THE NAME OF THE PREFERRED HOSPITAL FOR YOUR CHILD'S CARE:

LAKE CUMBERLAND REGIONAL HOSPITAL: YES: ___ NO: ___ PHONE: _____

OTHER: _____ PLEASE INDICATE NAME AND CONTACT #:
