

Date \_\_\_\_\_

**CLEARLY KIDS CHRISTIAN ACADEMY**  
**CHILD INFORMATION FORM**  
**2021-2022 SCHOOL YEAR**

Child's Full Name \_\_\_\_\_ Name Child Prefers \_\_\_\_\_ Male/Female

Address \_\_\_\_\_

(Street)

(City)

(Zip)

Home Phone \_\_\_\_\_ Child's Birthdate \_\_\_\_\_ Age on Sept. 1, 2021 \_\_\_\_\_

Child lives with: (circle one) Both Parents Mother Father Other: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address (if different) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address (if different) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Family Email Address \_\_\_\_\_

Child's Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Person(s) who will assume responsibility for child in an emergency if we are unable to contact parents:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Person(s) other than listed above authorized to pick up child from program:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Your child will only be released to an authorized person listed on this form (parent/guardian or emergency contact).

*\*It is our policy not to accept requests for specific teachers*

**CLEARLY KIDS CHRISTIAN ACADEMY**  
**PROFILE INFORMATION FORM**  
**2021-2022 SCHOOL YEAR**

How did you hear about our program? \_\_\_\_\_

Members / Attenders of what church? \_\_\_\_\_

Has your child attended a school program previously? \_\_\_\_\_ If, yes, where? \_\_\_\_\_

Names and ages of siblings:

\_\_\_\_\_  
\_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_ Does your child wear corrective lenses? \_\_\_\_\_

Sleep and nap habits: \_\_\_\_\_

Eating habits: likes and dislikes (please include any food allergies): \_\_\_\_\_

\_\_\_\_\_

Fears: \_\_\_\_\_

\_\_\_\_\_

Behavior habits (biting nails, finger sucking, tantrums, biting, etc.): \_\_\_\_\_

\_\_\_\_\_

Favorite play activities, games or toys: \_\_\_\_\_

Special educational needs: \_\_\_\_\_

\_\_\_\_\_

Please give us any other information you feel would be of help to us in teaching your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other medical conditions that we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PARENT CONSENT FORM OVER THE COUNTER MEDICATION

I \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, give my permission for authorized Staff of Clearly Kids Christian Academy to administer or apply the following over the counter medications to my child in the event it becomes necessary. I understand that all efforts will be made to contact me for verbal permission before my child is given any medication:

(Please initial for your approval)

\_\_\_\_\_ Children's Acetaminophen (Tylenol, etc.)

\_\_\_\_\_ Children's Ibuprophen (Motrin, Advil, etc.)

\_\_\_\_\_ Children's Liquid Cold / Allergy Medication (Benadryl, Dimetapp, etc.)

\_\_\_\_\_ Allergy Cream (Benadryl, etc.)

\_\_\_\_\_ Antibiotic creme or ointment (Neosporin, etc.)

\_\_\_\_\_ Hydrocortisone Cream

\_\_\_\_\_ Diaper Rash Ointment or Cream (Desitin, A&D, etc.)

\_\_\_\_\_ Petroleum Jelly

\_\_\_\_\_ Sunscreen

I understand that the dosage given will be equal to or less than the prescribed amount indicated on the label. I hereby release and forever discharge Clearbranch Church, Clearly Kid's Staff, and any parties volunteering on behalf of Clearly Kids Christian Academy from any liability in administering the above over the counter medications I have approved.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Teacher \_\_\_\_\_

***My child has the following medication allergies:***

\_\_\_\_\_  
\_\_\_\_\_