

Date _____

CLEARLY KIDS CHRISTIAN ACADEMY
CHILD INFORMATION FORM
2021 SUMMER

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 SUMMER

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:

