



Admission Form

Child Information Continued

Admission Requirement:

If your child does not attend pre-kindergarten or school away from Go-n-Play, one of the following must be presented when your child is admitted or within one week of admission:

- ☐ Health Care Professional Statement: I have examined the above named child within the past year and find that he/she is able to take part in the day care program.

Health Care Professional's Signature

Date

- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ☐ My child(ren) has been examined within the past year by a health care professional and is able to participate in Go-n-Play. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to Go-n-Play.

List any special care information that your child may have, such as allergies, existing illness and any other information which caregivers should be aware of. For prescribed medication, another form will need to be completed.

Emergency & Authorized Adults

Please provide at least ONE Emergency Contact and ONE Authorized Pick-up. Please check if the person listed is an Emergency Contact, Authorized Pick-up or both.

Emergency Contact: a person to contact in case of an emergency if parents / guardian cannot be reached.

Authorized Pick-up: an authorized person to pick up, beside the parent / guardian. Children will only be released after verification of ID.

Emergency

☐

Authorized

☐

Name: _____

Relationship: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

Emergency

☐

Authorized

☐

Name: _____

Relationship: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

Emergency

☐

Authorized

☐

Name: _____

Relationship: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

Emergency

☐

Authorized

☐

Name: _____

Relationship: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____



Admission Form

Authorization For Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I give consent for the facility to secure any and all necessary emergency medical care for my child(ren). I authorize the person in charge to call 911 and my child will be transported by ambulance to the emergency facility I have listed below.

Name of emergency medical care facility: _____

Address: _____

Phone #: _____

Doctor Information

Child(ren)'s Name: _____

Child(ren)'s Name: _____

Doctor's Name: _____

Doctor's Name: _____

Address: _____

Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

Phone #: _____

Phone #: _____

**Note: If your child is not enrolled in school, Go-n-Play requires immunization records.*

***Note: Hearing and vision test are required if your child is 4 years and older and does not attend Pre-K or school.*

Immunizations Record

☐

I have provided Go-n-Play with a copy of my child(ren)'s most current immunization record.

Photographs

I hereby authorize Go-n-Play to publish photographs taken of my child(ren). I agree that Go-n-Play may use such photographs of my child(ren) for any lawful purpose in print and/or electronically. Names will never be used in conjunction with the photographs, it will be for promotional purposes only.

Check one

☐

I agree Go-n-Play may use photographs of my child(ren).

☐

I do NOT consent for Go-n-Play to use photographs of my child(ren).

Admission Form Signature

I confirm that all of the information provided in this admission form is completed and accurate to the best of my knowledge. I agree to update Go-n-Play if any pertinent information changes.

Parent Signature

Date