



**SAM'S ACADEMY
FOR EXCELLENCE**

SAFE | GENERAL & SPECIAL
EDUCATION | SCHOOL

REGISTRATION FORM

Child's name:

Child's DOB:

Age:

Parent/Guardian #1:

Home Phone/Cell: Work:

E-mail Address:

Parent/Guardian #2:

Home Phone/Cell: Work:

E-mail Address:

Emergency Contacts (Outside of Parents)

Name: Relationship:

Home Phone: Cell Phone:

Name: Relationship:

Home Phone: Cell Phone:

PEOPLE IN ADDITION TO PARENTS/GUARDIANS WHO ARE PERMITTED TO
PICK UP MY CHILD:

1:

2:

Relation to Child:



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HEALTH INFORMATION

Does your child have any special medical conditions or allergies we need to know about?

YES

NO

If yes, please list below:

I hereby certify that all information on this application is complete and accurate. My child has my approval to participate in all of the center's activities including off-site trips. I have paid the \$500 enrollment fee.

Parent Signature

Date

Health History and Authorization for Medical Treatment

How would you describe your child's overall health? Check any medical conditions that may apply to your child of which the school should be aware:

Asthma

Epileptic

Chronic Illness

Diabetic

Past Injuries

Glasses/Contacts Worn

Other (please explain)

Allergies:

Current/Daily Medication(s):



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AUTHORIZATION FOR MEDICAL TREATMENT

I/We, parent or legal guardian of hereby authorize SAFE, their agents, employees, or directors and other adult persons into whose temporary custody my child has been entrusted by SAFE to make any decisions as may be reasonably necessary for the personal care of my child in my absence. SAFE will make all reasonable efforts to contact me, and if I am unavailable, those persons listed on my child's emergency contact form prior to the authorization of any medical treatment. However, in the event of an emergency, where neither I nor any of those persons listed on my child's emergency contact form can be reached, I authorize SAFE to provide immediate necessary and reasonable care of my child. I acknowledge that I am responsible for all costs incurred in connection with such emergency medical care for my child.

Parent/Guardian Signature

Field Trip Permission

I give authorization to SAFE to take my child/children on field trips throughout the school year.

Please initial: Yes No

Photo/Video Release

I give SAFE permission to take pictures/video of my child, for use in media pertaining to SAFE including use of images on our Facebook page and school website.

Please Initial: Yes No

Parent/Guardian Signature:

Date:



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Please provide a copy of the following documents to complete this application:

- Child's birth certificate
- Child's immunization records
- Recent report card if applicable
- A recent photo of your child (passport sized)
- A recent medical from your child's paediatrician