

The Presbyterian Discovery Academy of Guymon

Child's Full Name:

_____ Nickname: _____

Date of Birth: ____/____/____ Age as of Sept. 1, 2020: _____

Class Enrolling In: (Circle One) 2 yr. olds / 3 and 4 yr. olds

T-shirt size: _____

Parent's Name:

Mailing Address:

Cell Phone: _____ Home Phone: _____ Work
Phone: _____

Employer:

Email:

Parent's Name:

Mailing Address:

Cell Phone: _____ Home Phone: _____ Work
Phone: _____

Employer:

Email:

The Presbyterian Discovery Academy of Guymon considers the records of all individual students to be confidential information available to a child's parents or guardians upon request. Records will only be released to other schools or agencies upon signed request from a parent or guardian and only after all accounts are paid in full.

Is any other person allowed to pick up your child from the Discovery Academy, if so, list.

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work
Phone: _____

Name:

_____ Relationship: _____

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Cell Phone: _____ Home Phone: _____ Work
Phone: _____

If parent or guardian is not available in the event of an emergency, notify:

Name: _____ Relationship: _____

Phone #: _____

Name: _____ Relationship: _____

Phone #: _____

Name of Physician: _____ Phone#: _____

Insurance Carrier:

Policy #: _____

Name of Insured:

Last tetanus shot: _____

Allergies:

Special Considerations:

Statement of Consent

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. This consent will remain effective for one (1) year from the undersigned date. Delivered to said persons entrusted with the care, custody and control of said minor child. I understand that it is my responsibility to inform First Presbyterian Church of any changes to the information provided above. I also understand that any and all medical expenses incurred are my responsibility and that there is not a medical insurance coverage provided by First Presbyterian Church.

(Signature of parent/guardian) _____ (Date) _____

Permission to use Photographs

- I grant

- I do not grant

First Presbyterian Church of Guymon, its representatives and employees the right to take photographs of my child and his/her property in connection with preschool activities. I authorize First Presbyterian Church its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that First Presbyterian Church may use such photographs of my child without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. I have read and understand the above:

(Signature of parent/guardian) _____ (Date) _____

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Permission for Field Trips and Release of Liability

I grant permission for my child to participate in any and all field trips of the Presbyterian Discovery Academy. I understand that this activity will take place under the guidance and direction of employees and/or volunteers of the above organization, and I release the volunteers, the employees, and the First Presbyterian Church from any liability.

I understand and agree that this release is required as contractual consideration to the Presbyterian Discovery Academy and the First Presbyterian Church of Guymon for allowing my child to participate in any field trip event, and that my agreeing to this release of liability is a required prerequisite in order for my child to participate.

(Signature of parent/guardian) _____ (Date) _____

I understand if my child is having a hard day and is a danger to himself/herself or a danger to other students or children in the classroom that I, the parent, will be called to come pick the child up.

(Signature of parent/
guardian) _____ (Date) _____