

Seacrest Country Day School

ENROLLMENT / EMERGENCY INFORMATION 2009 - 2010

Child _____ / _____ / _____ Grade: _____ D.O.B. _____
Last First Goes by Middle

Home Address _____ Summer Address _____
 _____ Zip _____

Home Phone _____ Summer Phone _____

We are conserving our resources! If you would prefer to receive flyers and communications from the office via email ONLY (not in backpacks), please initial here _____

FATHER

MOTHER

Name (Dr./Mr.) _____

Name (Dr./Mrs./Ms) _____

Home Address _____

Home Address _____

Zip Line _____

Zip Line _____

Home Phone _____

Home Phone _____

e-mail _____

e-mail _____

Occupation/Title _____

Occupation/Title _____

Employer _____

Employer _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

Colleges Attended _____

Colleges Attended _____

Is Father allowed to remove child? _____ **

Is Mother allowed to remove child? _____ **

If "NO," legal documentation is required in the office

Student lives with (check any that apply): Father Mother Stepfather Stepmother Guardian Other

Send correspondence to: Both Parents Father Mother Other: _____

From time to time we mail various newsletters and information about the school to our friends. Please list any grandparents or relatives you would like to receive these mailings.

Name _____

Name _____

Address _____

Address _____

Relationship _____

Relationship _____

PHOTO/ARTWORK RELEASE

I, parent or guardian, of the child listed on this form hereby irrevocably consent to and authorize the use of and reproduction by Seacrest School, or anyone authorized by Seacrest School, of any and all photographs, video, and/or artwork which are taken of or created by above-named child, for any purpose whatsoever in connection with conduct of school business including but not limited to advertising or promotional uses.

* **Signature** of Parent/Guardian _____ Date _____

EMERGENCY INFORMATION MUST ALSO BE COMPLETED.

EMERGENCY INFORMATION

Child _____

Physician _____ Phone _____

Specialist _____ Phone _____

Other persons allowed to remove child from school. **Please indicate with an asterisk (*) those persons who may be contacted in an emergency if we are unable to reach a parent. Please include at least one out-of-town emergency contact.**

Name _____ Home: _____ Cell: _____ Wk: _____
Name / Relationship

Name _____ Home: _____ Cell: _____ Wk: _____
Name / Relationship

Name _____ Home: _____ Cell: _____ Wk: _____
Name / Relationship

Name _____ Home: _____ Cell: _____ Wk: _____
Name / Relationship

Name _____ Home: _____ Cell: _____ Wk: _____
Name / Relationship

Please notify the school if anyone other than those designated above will be picking up your child. Seacrest will not release a child to anyone without parental authority. This is for your child's safety. My child has my permission to participate fully in this school experience, including any field trips planned as part of the program. In the event of an emergency involving my child, I hereby give my permission for the staff of Seacrest Country Day School to seek necessary treatment. I will assume full responsibility for all resulting financial obligations.

Insurance Company: _____ Policy # _____

* **Signature** of Parent or Guardian _____ Date _____

Does your child take any prescription medications at home or at school? Yes No If yes, please list and explain: _____

Does your child have any allergies or physical, medical, or emotional conditions or disabilities? Yes No If yes, please explain: _____

Does your child have any condition not listed above that emergency personnel should know about? _____

Please notify the office of any changes (employment, phone numbers, addresses, emergency numbers, doctors, or medications) that may occur during the school year.