



CHILD INFORMATION FORM

2017/2018

All information must be provided. If the information is not known or does not apply, write "unknown" or "none." A blank field, a line through a field, or "n/a" are not acceptable responses, according to the State of Michigan Department of Human Services.

Information about Child

* = included in school roster

Name of Child (Last*, First* Middle)		Date of Birth	Grade*
Child's Home Address*			
City*	State*	Zip Code*	Phone Number for Roster*
Parent email Address 1* (school news emailed to this address)		Email Address 2* - optional (school news emailed to this address)	

Emergency / "Call First" Phone Number (for illness during school day, school closing notification, etc.)	Number	Which is	<input type="checkbox"/>	cell
		_____s	<input type="checkbox"/>	work
		name	<input type="checkbox"/>	home

Information about Parent/Legal Guardian

Name of Parent / Legal Guardian*			Employer		
Home Address (if not same as child's)*			Employer Address		
City*	State*	Zip Code*	City	State	Zip Code
Home Phone Number	Home Fax Number		Work Phone Number	Work Fax Number	
Cell Phone Number	Pager Phone Number		Position/Title		
Work email			Check to have school news emailed to this email address <input type="checkbox"/>		

Information about Parent/Legal Guardian

Name of Parent / Legal Guardian*			Employer		
Home Address (if not same as child's)*			Employer Address		
City*	State*	Zip Code*	City	State	Zip Code
Home Phone Number	Home Fax Number		Work Phone Number	Work Fax Number	
Cell Phone Number	Pager Phone Number		Position/Title		
Work email			Check to have school news emailed to this email address <input type="checkbox"/>		

Child Name: _____

Local People to Be Notified in an Emergency When Parent Is Not Available:

**** FULL INFORMATION for TWO emergency contacts is required ****

All information must be provided. If the information is not known or does not apply, write "unknown" or "none." A blank field, a line through a field, or "n/a" are not acceptable responses, according to the State of Michigan Department of Human Services.

First and Last Name	Relationship	Phone Number 1
Address, City, State, Zip		Phone Number 2

First and Last Name	Relationship	Phone Number 1
Address, City, State, Zip		Phone Number 2

Additional Persons to Whom Child May Be Released with ID (parent call required):

Above-named people, plus:

First and Last Name	Relationship
First and Last Name	Relationship
First and Last Name	Relationship
First and Last Name	Relationship

Permission for Emergency Care

I hereby give permission to the Head of School or designate of Japhet School to secure necessary skilled emergency care for my child, and to notify me and/or my child's emergency contact(s).

Signature of Parent or Guardian	Date Signed
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Health Care Information

Hospital Preferred for Emergency Treatment	Health Insurance Carrier
Health Insurance Cardholder's Name	Health Insurance Policy Number
Name of Child's Physician, Clinic, or Practitioner	Phone Number

Allergies and Intolerances

My child has no known allergies or food intolerances.

My child is allergic to or intolerant of the following:

Medications will be kept at school: YES NO (If yes, complete a Medication Form and give to front office staff with medication.)

Official Date of Admission for 2017/2018 is 9/6/17, and Date of Discharge is 6/8/18, unless noted below:
ADMINISTRATION ONLY -- Date of Admission: _____; Date of Discharge: _____

Child Name: _____

Permission to Participate in Local Field Trips

My child, _____, has my permission to visit nearby locations, such as local parks, the nature center, neighborhood stores, etc., deemed appropriate by the classroom teacher). My child may accompany the class at any time during the school year for these "mini" field trips. I understand that the teacher will accompany each visit and that transportation will be either by private car or on foot. Established transportation guidelines of Japhet School will be observed.

I GIVE Permission	I DO NOT Give Permission	Signature of Parent or Guardian	Date Signed
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Lunch Provision

I agree to be responsible for providing lunch for my child. I will either provide a lunch from home or money to participate in Japhet's Hot Lunch Program when such a program is provided.

Parent or Guardian, PRINT NAME and SIGN:	Date Signed:
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Notification of Parent Handbook & Licensing Notebook, Child Care Org. Act, 1973 Public Act 116

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.
- I understand the Japhet School Parent Handbook is online at www.japhetschool.org. OR: [] Please provide a paper copy.

I have read the above statement issued by Japhet School. []	Parent or Guardian, PRINT NAME and SIGN:	Date Signed
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Public School District of Student's Residence

The State of Michigan requires Japhet School to report every student's public school district of residence. (Please note: the city in which the student resides is not necessarily the name of the public school district.)

Public School District:

Permission to Place Photo and Video Images for Classroom and Internal Use

I give permission to Japhet School (and to my child) to place photo/video images of my child (himself/herself) on in-school projects such as classroom bulletin boards, classroom books, posters, assignments, the yearbook, academic videos, performance videos, password-protected classroom websites, etc.

I GIVE Permission	I DO NOT Give Permission	Signature of Parent or Guardian	Date Signed
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Permission to Place Photo and Video Images for Promotional Use

I give permission to Japhet School to place photo images or video footage of my child in promotional materials, press releases, newsletters, media coverage of school events, and on the Internet. My child will not be identified by name.

I GIVE Permission	I DO NOT Give Permission	Signature of Parent or Guardian	Date Signed
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Permission to Share Name

I give permission to Japhet School to publish documents publicly (in print and on Internet) that might have my child's first name and initial of last name. My child's full name (first and last) will not be published without specific permission.

I GIVE Permission	I DO NOT Give Permission	Signature of Parent or Guardian	Date Signed
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Note regarding public photo permission: The statement above applies to photos and videos posted by Japhet School staff acting as agents of the school. Japhet School cannot be responsible for the public sharing of photos and videos of Japhet students/Japhet events posted by OTHERS (students, parents, grandparents, guests of the school, etc.).