

# CHILD INFORMATION FORM

## Japhet School 2019/2020

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

**PLEASE BE NEAT and use BLACK INK.**

### 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 <u>for Roster Given to Families*</u>
Parent email Address 1* (school and teacher email this address)		Parent email Address 2* (optional; school and teacher email this address)	

Emergency / "Call First" Phone Number (for illness during school day, school closing notification, etc.)	Number	Which is	<input type="checkbox"/> cell
		name	<input type="checkbox"/> work <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	Work Phone Number
Cell Phone Number			Position/Title	
Home Landline			Work or Alternate Email (in addition to above)	
Do you have special interests, skills, talents, or hobbies you would like to share with Japhet School?				

### Information about Parent/Legal Guardian or [ ] none; no second parent/guardian

Name of Parent / Legal Guardian*			Employer	
Home Address (if not same as child's)*			Employer Address	
City*	State*	Zip Code*	City	Work Phone Number
Cell Phone Number			Position/Title	
Home Landline			Work or Alternate Email (in addition to above)	
Do you have special interests, skills, talents, or hobbies you would like to share with Japhet School?				

### 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 contacts.	
Signature of Parent or Guardian	Date Signed

Child Name: \_\_\_\_\_

Adults to call in an emergency who can pick up your child if you are not available.  
If these people pick up your child for an emergency or for regular dismissal, Japhet School staff WILL NOT CONTACT YOU to get your permission before releasing your child.

**\*\* FULL INFORMATION for TWO emergency contacts is required; more optional \*\***

REQUIRED

PRIMARY NON-PARENT CONTACT First and Last Name	Relationship	Phone Number 1
Address, City, State, Zip		Phone Number 2

REQUIRED

SECOND NON-PARENT CONTACT First and Last Name	Relationship	Phone Number 1
Address, City, State, Zip		Phone Number 2

First and Last Name	Relationship	Phone Number
First and Last Name	Relationship	Phone Number
First and Last Name	Relationship	Phone Number

### Health Care Information

Name of Child's Physician, Clinic, or Practitioner	Phone Number
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### Allergies, Food Intolerances, and Dietary Preferences

<input type="checkbox"/> My child has no known allergies, food intolerances, or dietary preferences.
<input type="checkbox"/> My child is allergic to or intolerant of the following; or has this dietary preference:

### Emergency/Rescue Medications

<input type="checkbox"/> My child does not have emergency/rescue medications to be kept at school.	
<input type="checkbox"/> My child HAS EMERGENCY/RESCUE MEDICATIONS to be kept at school and go on every field trip. I will provide a Medication Form with dosage instructions for the following type of emergency medication:	
<input type="checkbox"/> EpiPen or Auvi-Q	<input type="checkbox"/> Nebulizer with medication
<input type="checkbox"/> Oral antihistamine (tablets or liquid)	<input type="checkbox"/> Other emergency medication: _____
<input type="checkbox"/> Inhaler	<input type="checkbox"/> Other emergency medication: _____
<input type="checkbox"/> Anti-seizure/seizure-recovery medication	

### Special Needs and Special Instructions

<input type="checkbox"/> None
<input type="checkbox"/> Describe:

Child Name: \_\_\_\_\_

### Permission to Participate in Local Field Trips on Foot

My child has my permission to visit nearby locations within walking distance – such as parks, neighborhoods, and stores – deemed appropriate by the classroom teacher any time during the school year. I understand that the teacher and at least one other adult will accompany the field trip, and adults will be equipped with a cell phone, emergency medications for participating children, and a first-aid kit.

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 or Pizza 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](http://www.michigan.gov/michildcare).
- I understand the Japhet School Parent Handbook is online at [www.japhetschool.org](http://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:
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### 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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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.).

### 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. 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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Date of First Admission: My child initially began or will begin at Japhet School on _____ of _____.
(month) <span style="margin-left: 150px;">(year)</span>