

Academy Adventures in Learning Registration

Child's Name (First & Last):			
Birthdate (MM/DD/YY):			
Name I want you to call my child:			
Street Address, City, State & Zip:			
Primary Phone Number:			
Gender (Circle one):	Male	Female	
Child's Physician:		Physician's Phone:	

Food Allergies:			
Other Allergies:			
Food Preferences:			
Has your child tried peanut products?	Yes	No	Any reaction?
Has your child been stung by a bee?	Yes	No	Any reaction?
Does your child require an Inhaler?	Yes	No	
Does your child require an Epi-Pen?	Yes	No	
Any medications given regularly?	Yes	No	Please name?
Any significant medical history?			
Child's previous group experience:			
Any additional information about your child you feel we should know?			

Please read the following terms and conditions. By signing below I acknowledge acceptance of these terms and conditions:

- I acknowledge that if my child has special health and/or developmental needs, it is my responsibility to inform the school of such and also of the current services being used. Schaeffer Academy, in turn, will inform parents whether special needs can be met.
- I give permission for my child to be included in any pictures and/or videos which may be used at Schaeffer Academy or in Schaeffer Academy promotional materials, such as newspaper articles, informational brochures, and/or the school website. Any such photography will be done under the supervision of the school staff and the children's names will NOT be included.
- In the case of an emergency, Schaeffer Academy will call 911 and attempt to contact me immediately. I give permission to Schaeffer Academy to act in an emergency situation when I cannot be reached or there will be a delay in my arrival.

Signature:		Date:	
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Parent/Guardian Information

Parent/Guardian 1 (Authorized to Pick-Up):	
Address:	
Home Phone #:	
Cell Phone #:	
Work Phone #:	
Email Address:	
Relationship to Child:	

Parent/Guardian 2 (Authorized to Pick-Up):	
Address:	
Home Phone #:	
Cell Phone #:	
Work Phone #:	
Email Address:	
Relationship to Child:	

Emergency Contacts

These must be local contacts, other than parents or guardians, who can assume temporary responsibility for your child if you cannot be reached. Emergency contacts have permission to pick up this child.

Emergency Contact 1

Name:	
Address:	
Phone #:	

Emergency Contact 2

Name:	
Address:	
Phone #:	

Office Use Only	Date:		Payment Amount:		Check #:	
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