

# APPLICATION FOR ADMISSION

Child's Full Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birthday \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact person: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Applying for School: Glendale \_\_\_\_\_ Westchester \_\_\_\_\_

Applying for Class: Toddler-2yrs \_\_\_ 2-3yrs \_\_\_ 3-4yrs \_\_\_ Pre-K \_\_\_ Kindergarten \_\_\_ Summer Program \_\_\_

Preferred Start Date \_\_\_\_\_

## PREVIOUS SCHOOL.

Has the child attended other school before? \_\_\_ Yes \_\_\_ No

Please list previous school or daycare home attended.

Where?

How Long?

Reason for Leaving

\_\_\_\_\_

## FAMILY INFORMATION

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Do other adults live at home? Yes \_\_\_ No \_\_\_ Relationship to child \_\_\_\_\_

Number of all children in the home \_\_\_\_\_ Language used at home \_\_\_\_\_

Religion \_\_\_\_\_ Ethnic/Nationality \_\_\_\_\_

## CHILD INFORMATION

List the Allergic food: \_\_\_\_\_

List food that child likes: \_\_\_\_\_

List things that may comfort the child: \_\_\_\_\_

Parent's evaluation of child's personality: \_\_\_\_\_

Parent's evaluation of child's Health: \_\_\_\_\_

# Parent Consent Form

(PLEASE PRINT LEGIBLY)

Child's Name _____	Age _____	Birthday _____
Address _____	City _____	State _____ Zip _____
Parent's or Guardian's Name _____	Relationship _____	
Contact Numbers: _____		

## LIABILITY RELEASE (Release of All Claims)

In consideration for being accepted as a participant in Green Grin Child Care Center(GGCCC) activities, we, the undersigned parent(s)/guardian(s), being 21 years of age or older, do hereby release, forever discharge and agree to hold harmless GGCCC and its staff, agents, employees, directors, and anyone acting on its behalf from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in activities sponsored by or in any way related to GGCCC. This includes, but is not limited to, any activity on the property of GGCCC and all off site activities connected with school. Furthermore, we hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in any activity recreation and work activities involved therein. We understand that there are risks of injury associated with the activities my child-participant is going to be engaged in, and we, with knowledge of those risks, agree that no claim, suit or demand of any kind will be made against school. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we hereby assume all transportation costs.

## MEDICAL AUTHORIZATION

We, the undersigned, do hereby authorize GGCCC, its staff, our representatives, as agent(s) for the undersigned to consent to any medical treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act or of the laws of the State or country in which the medical care is being sought. This authorization is given pursuant to the provisions of **Section 25.8 of the Civil Code** of the State of California, and similar provisions of the laws of the State or Country in which the medical or dental care is being sought. The parent hereby authorizes any hospital which has provided treatment to the minor to surrender physical custody of the minor to the agent upon completion of treatment. This authorization is given pursuant to **Section 1283 of the Health and Safety Code** of the State of California, similar provisions of the laws of the State or Country in which the medical or dental care is being provided. The parent hereby agrees to fully pay all costs of medical incurred for the minor by the agent under this authorization.

Physician's Name _____	Physician's Phone _____
Medical Insurance Provider _____	Policy Number _____

Additional Emergency Contacts:

_____	_____	_____
<i>name</i>	<i>relationship</i>	<i>phone number</i>
_____	_____	_____
<i>name</i>	<i>relationship</i>	<i>phone number</i>

**PLEASE LIST ALL ALLERGIES AND / OR SPECIAL MEDICAL CONDITIONS:**

\_\_\_\_\_

\_\_\_\_\_

## PUBLICATION AUTHORIZATION

I hereby consent to my child being interviewed, photographed, or videotaped by representatives of GGCCC for use in educational activities including, but not limited to, school participation and/or videos, and school websites. I hereby wave any claims I may have and release the school and its employees from any liability or claims arising out of such activities.

*The undersigned hereby give permission for my (our) child, named above, to attend and participate in activities sponsored by GGCCC. I (we) also give permission for my (our) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by GGCCC.*

Father's signature		date			
Mother's signature		date	<i>or</i>	Legal Guardian's signature	date