Ross County Christian Academy Parent's Morning Out Information Form 2018/2019

Child's Name_____ M or F D.O.B._____ Age_____

Address_____City/Zip_____ Home Phone_____

School District_____

Mother's Name_____ Father's Name_____

Address_____ Address_____

Email_____ Email_____

Cell #_____ Work#_____ Cell #_____ Work#_____

Employer_____ Employer_____

Emergency Contact Information: (RCCA requires two local names in case parents cannot be contacted)

Name_____ Phone_____

Name_____ Phone_____

Physician _____ Address_____ Phone_____

Dentist_____ Address_____ Phone_____

Divorced or Separated Parents: *Appropriate Custody or Restraint Papers must be attached.*

Please designate the legally responsible person_____

The following people may pick up my child from Parent's Morning Out Program (Names /Phone Numbers):

_____

_____

The following people may **NOT** pick up my child from Parent's Morning Out Program: _____

Parent's Morning Out Program (Friday mornings 8:20 to 11:20) Cost: $300 per session.
All Children must be between the ages of 18 – 36 months.
Circle the session(s) your child will attend:

Session 1

Aug. 31st – December 14th 2018

8/31 - 9/7 - 9/14 - 9/21 – 9/21 – 9/28 – 10/5 – 10/12
10/19 – 11/2 – 11/9 – 11/30 – 12/7 – 12/14

Session 2

January 11 – April 26, 2019

1/11 - 1/25 – 2/1 – 2/8 – 2/15 – 2/22 – 3/1
3/8 – 3/15 – 3/22 – 3/29 – 4/5 – 4/12 – 4/26

Emergency Transport: Please complete part I or part II ---- **DO NOT COMPLETE BOTH PARTS**

_____ Part I: I give permission to RCCA to transport the above named child to _____ Hospital, or to _____ Dental Clinic, or to the nearest available source of assistance for emergency medical care.

_____ Part II: **I DO NOT** give permission to RCCA to transport the above named child (this includes the emergency squad) for medical emergencies. In the event of illness or injury which requires emergency medical or dental treatment. I wish the school to take the following actions:

_____

Health Information:

1. List all allergies and special precautions/treatment (foods, environmental, medications):
   _____
2. List medications, food supplements or diet modifications currently being administered to the child:
   _____
3. List recent hospitalizations, surgeries, scars and/or birthmarks:
   _____
4. List any reasons that your child may have for not participating in normal program activities:
   _____
5. Check any illness your child has had: ____Mumps ____Measles ____Chicken Poxs ____Hepatitis
6. Does your child have: ____ Glasses ____ Contacts ____Hearing Aid ____Braces ____Other

Media Release: : _____I Do _____I **DO NOT** give permission for my child to be included in videotaping or photos carried out in the classroom.

Church Membership: _____Yes _____No (If yes, what church?)_____

Signatures

I have read and reviewed the policies and procedures of the Ross County Christian Academy, and agree to abide by these policies. I also agree that this form accurately describes the actions I would like taken on behalf of my child.

Parent/ Guardian Signature_____ Date_____