

PROVIDENCE ACADEMY PRE-KINDERGARTEN & EXTENDED DAY CENTER STUDENT INFORMATION FORM 2023-2024

Start Date: _____

Pre-Kindergarten School Day Hours: 8:30 a.m.-3:05 p.m.

Extended Day Session, 3:05-6:00 p.m. if applicable (check days attending): M T W TH F

Child's Name: _____ Male / Female

 Last First Middle

Student's preferred name at school (nickname): _____ Date of Birth: _____

Address: _____

Street	City	State	Zip
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Mother's Name: _____ **Email:** _____

Mother's Phone: Home: Work: Cell:

Mother's Address (if different than above): _____

Street	City	State	Zip

Father's Name: _____ **Email:** _____

Father's Phone: Home: Work: Cell:

Father's Address (if different than above): _____

Street	City	State	Zip

Please list any special instructions as to how you may be reached when your child is at school: _____

Child's Physician: **(must complete)** _____ Phone: _____

Child's Physician Address: _____

Street	City	State	Zip

Child's Dentist: **(must complete)** Phone:

Child's Dentist Address: _____

Street	City	State	Zip

Please list 2 persons authorized to take your child from school if a parent/guardian cannot be reached in an emergency or when there is an injury requiring medical attention **(must complete 2)**.

Name	Phone	Street	City	State	Zip
1.					

2. _____

Name	Phone	Street	City	State	Zip
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Persons NOT authorized to take child from school: _____

Does your child have any dietary or medical needs under a doctor's care: (additional documentation may be needed):

FORM CONTINUED ON NEXT PAGE

As a legal guardian for my child, _____, I do hereby consent and authorize PROVIDENCE ACADEMY PRE-KINDERGARTEN and EXTENDED DAY to take any and all action, including use of medical services and hospital facilities as the program may deem appropriate in the event that my child should become ill or otherwise injured while under their care. Electronically signed and approved by:

Signature of Parent or Guardian

Date

I do hereby consent and authorize PROVIDENCE ACADEMY PRE-KINDERGARTEN and EXTENDED DAY to take my child on supervised neighborhood walks. Electronically signed and approved by:

Signature of Parent or Guardian

Date

Providence Academy Sunscreen/Bug Spray/Topical Ointment Consent

Name of Child _____. I will provide a sunscreen stick labeled with my child's name and I will make every effort to apply sunscreen before my child arrives at school. Teachers may assist with opening the stick and the children will apply the sunscreen themselves with supervision.

_____ I do not know of any allergies my child may have to sunscreen, bug spray, or topical ointment.

_____ My child is allergic to some sunscreens, bug sprays, or topical ointments.

_____ For medical or other reasons, please do not apply topical ointments to my child's body.

Parent/Guardian's Name: _____

Signature of Parent or Guardian

Date

I/We agree to abide by the conditions set forth in this secondary registration contract. Electronically signed and approved by:

Signature of Parent or Guardian

Signature of Parent or Guardian

Date

Date