

James Madison Charter Academy
Educational Activity Center
STUDENT INFORMATION

Child is: Right handed _____ Left handed _____ Unknown _____

Has child had previous group or preschool experience? _____ If so, where, when, and duration?

Please list any allergies that your child has _____

Are there any medical conditions of which we should be made aware? _____

Is there any special food or eating instructions? _____

Are there any napping instructions? _____

Are there any unusual factors in the child's life, such as absence of parent, unusual accidents or illnesses, physical or mental disabilities, etc?

Does your child receive regular medication? _____ Type _____

Reason for medication _____

What motivates your child to learn? _____

What one character trait do you most value in your child? _____

What challenges your child? _____

Why do you want your child to attend _____? _____

Any additional information such as discipline, child's communication, comforting, etc?

SUNSCREEN AUTHORIZATION

I understand that outdoor play and activities are an integral part of the JMCA EAC curriculum. Therefore, I authorize staff members to either:

1. Supervise the application to my child who is over four years of age, or

I will provide sunscreen for my child which is clearly and permanently labeled with my child's first and last name. I will provide a separate bottle of sunscreen for each child enrolled from my family.

Parent Signature _____ Date _____

James Madison Charter Academy
Educational Activity Center
FAMILY INFORMATION

Marital Status of Parents: _____

Please list child's brothers and/or sisters and their ages. Please indicate whether they live with the child or not.

Persona authorized to pick up child from Center: _____

Persons who may not pick up child from Center> (This is only enforceable by us if there is a copy of a current restraining order in the child's file).

Please list two people who may be called in case of emergency, other than parent.

Name

Phone

Relationship

TUITION AND SCHEDULE INFORMATION

Date of Enrollment: _____

Days that my child will attend: _____

Please circle all schedules that will apply to your child's regular attendance:

Full Days Mornings only Afternoons only Before school only Wednesdays only

Before and after school After school only Holidays, school breaks, in-service days

I have read and agree to James Madison Charter Academy, Educational Activity Center policies and procedures as stated in the Parent Handbook. I agree to pay my financial obligation to JMCA EAC on or before the days required for child care. I understand that I will be asked to withdraw my child if my account becomes 3 days in arrears.

Father's signature _____ Date _____

Mother's signature _____ Date _____

James Madison Charter Academy
Educational Activity Center
660 Syracuse Street
Colorado Springs, CO 80911
(719) 391-3977
FAX (719) 391-1744

Child's Full Name _____

Name Child and Parent Prefer _____

Date of Birth _____ Gender: Male Female

Child is: Natural Adopted Foster Child

Child's Home Address _____

City and Zip Code _____

Child's Home Phone _____

PARENT OR GUARDIAN INFORMATION

Father's Name _____

Father's Address _____

City and Zip Code _____

Home Phone _____ Cell Phone _____

Father's Place of Employment _____

Father's Occupation _____ Work Number _____

Mother's Name _____

Mother's Address _____

City and Zip Code _____

Home Phone _____ Cell Phone _____

Mother's Place of Employment _____

Mother's Occupation _____ Work Number _____

**James Madison Charter Academy
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EMERGENCY CONSENT**

I, _____, hereby give permission to James Madison Charter Academy, Educational Activity staff members to provide any first aid care deemed necessary for my child. In the event of an emergency in which I cannot be reached, the physician and the hospital listed below are hereby authorized to provide any emergency care deemed necessary for my child. I understand that any expense will be accepted by us as parents or guardians of the child.

I authorize _____
to contact my child's doctor and/or medical facility in the event I cannot be reached.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Preferred Medical Facility _____ Phone _____

FIELD TRIP PERMISSION

I understand that field trips are an integral part of the curriculum, and that I will be notified of each field trip as it approaches. I further understand that my child will be secured in a seat belt or child safety device while being transported in a car, van, or bus on a field trip. I understand that some field trips will be walking field trips with the appropriate staff to child ratio. With this understanding, I hereby give my permission to the staff and volunteers of JMCA EAC to take my child on field trips while he/she is in the program.

Parent Signature _____ Date _____

TRANSPORTATION AUTHORIZATION

I give permission to JMCA EAC staff members to transport my child to and/or from school and field trips. I will not hold JMCA EAC, or its employees, liable for any accident or injury while my child is being transported. I understand that a good faith effort will be made each time my child rides in a vehicle for the safety belt and/or shoulder harness and/or car seat to be fastened. I also understand that full insurance will be current on all vehicles, registration and maintenance up to date, and all drivers' current in CPR and First Aid.

Parent Signature _____ Date _____