



Father's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

Father's Email Address \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

**The child may be released to the person(s) signing this agreement or to the following:**

1. Name _____ Address _____ (Street-City-State-Zip) Telephone Number _____ Relationship to Parent(s) or Guardian _____ Other identifying information (if any) _____
2. Name _____ Address _____ (Street-City-State-Zip) Telephone Number _____ Relationship to Parent(s) or Guardian _____ Other identifying information (if any) _____
3. Name _____ Address _____ (Street-City-State-Zip) Telephone Number _____ Relationship to Parent(s) or Guardian _____ Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_ Phone# \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

**My child has the following special needs**

Behavior Concerns

Attachment Concerns

Developmental Delay

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

\_\_\_\_\_

Has your child ever attended an afterschool program or tutoring service before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where there concerns that caused you to change centers.

\_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_

suffer an injury or illness while in the care of (Akeba Academy) and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENTAL AGREEMENT WITH AKEBA ACADEMY SCHOOL AGE**

1. Akeba Academy agrees to provide child care for (name of child) \_\_\_\_\_ on:  
(circle all that apply)

**Monday Tuesday Wednesday Thursday Friday Saturday Sunday**

From \_\_\_\_\_ to \_\_\_\_\_.  
(center's operating hours ONLY 9 HOURS PER DAY)

2. My child will participate in the following meal plan:

(circle applicable meals and snacks):

**Breakfast      Lunch    Afternoon Snack      Supper    Evening Snack.**

3. Before any medication including topical ointment is dispensed to my child, I will provide a written authorization, which includes: dates; name of child; name of medication; prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's full name marked on it.

4. My child will not be allowed to enter or leave the facility without being escorted by the parent(s) or person authorized by the parent(s), or facility personnel.

5. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

6. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

7. Akeba Academy agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

8. We would like your child to be a part of getting support for our school. Akeba Academy takes pictures and shoots videos of our children for the sole purpose of promoting the center and telling the community about Akeba Academy.

Please check one.

I authorize my child to take pictures  I do not authorize my child to take pictures

9. I \_\_\_\_\_ agree to keep my scheduled parent conferences to discuss the my child's progress and or issues relating to my child's care and individual practices concerning my child's special needs.

10. I \_\_\_\_\_ agree to participate in the parent/child events here at the center.

11. I have received a copy and agree to abide by the policies and procedures for Akeba Academy.

**MAKE A LIST OF AT LEAST THREE PEOPLE YOU KNOW WHO HAS CHILDREN.**

1. \_\_\_\_\_  
Name (First and Last)                      Address                                      Phone Number      Email Address

2. \_\_\_\_\_  
Name (First and Last)                      Address                                      Phone Number      Email Address

3. \_\_\_\_\_  
Name (First and Last)                      Address                                      Phone Number      Email Address

Any Special Request?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility Director/Person-In-Charge:** \_\_\_\_\_ **Date:** \_\_\_\_\_