Registration/Security Information Form

Child Information

- **Child's Name:** _____
- **School:** _____
- **Enrollment Date:** _____
- **Date of Birth:** ____ / ____ / _____
- **Gender:** M/F
- **Age:** _____
- **Grade:** _____
- **Address:** _____
- **City/State/ZIP:** _____
- **Primary Phone #:** _____
- **This student lives with:** _____

Note: Do not list a non-custodial parent if court documents deny visitation. Documentation must be on file to prevent release of a student to a parent.

Parent/Guardian #1

- **Name & Relationship:** _____
- **Address:** _____
- **Military:** Yes/No
- **Primary Phone #:** _____
- **Work #:** _____
- **Cell #:** _____

Parent/Guardian #2

- **Name & Relationship:** _____
- **Address:** _____
- **Military:** Yes/No
- **Primary Phone #:** _____
- **Work #:** _____
- **Cell #:** _____

Authorized Adults for Pickup (must be 18 years of age or older)

I give permission for the childcare center to release my child to the individuals listed below. I

understand this is for the safety and protection of my child. All listed individuals **must provide a valid driver's license or photo ID** before the child will be released.

Name Relationship	Primary Phone	Work Phone	Cell Phone

_____
_____
_____
_____

Parent/Guardian Signature: _____
Date: ____ / ____ / _____

Full time_____ Part time (must be consistent) _____ Drop in (up to five days) _____

For Childcare Center Use Only

By court order, this child is NOT to be released to:

A copy of the court order is on file in the permanent record folder.

Site Director's Initials: _____ Date: ____ / ____ / _____

Visitors to the Schools Policy

Medical Information Form

In case of an accident or serious illness, I request that the childcare center contact me immediately. If I cannot be reached, I authorize the childcare center to contact the physician listed below and follow his/her instructions. If the physician cannot be reached, the childcare center may make whatever arrangements are necessary for my child's safety and well-being.

Emergency and Health Information

Please check all that apply:

- ☐ Emergency treatment may be given if I cannot be reached
- ☐ Allergies (please list): _____
- ☐ Health problems: _____
- ☐ My child uses an inhaler
- ☐ My child can administer his/her own inhaler

Physician Information

- **Physician's Name:** _____
- **Address:** _____
- **Phone #:** _____

Dentist Information

- **Dentist's Name:** _____
- **Address:** _____
- **Phone #:** _____

Preferred Hospital

- **Hospital Name:** _____
- **Address:** _____
- **Phone #:** _____

I certify that all information provided on this form is accurate and current. I will notify the childcare center of any changes in my child's medical status.

Date: ____ / ____ / _____
Parent/Guardian Signature: _____

CHRISTIAN COUNTY PUBLIC SCHOOLS
A Community Committed to Phenomenal Schools

200 Glass Ave.
Hopkinsville, Kentucky 42240
PO BOX 609
(270) 887-7000
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Christian County Public Schools
District-Wide Childcare Services
Parent/Guardian Receipt and Acknowledgement Form

I, _____ (Parent/Guardian Name), hereby acknowledge receipt of the **Christian County Public Schools District-Wide Childcare Services Handbook**. I understand that the handbook contains important information regarding program policies, procedures, expectations, and requirements. By signing this form, I affirm that I have read, understand, and agree to adhere to the guidelines and provisions outlined in the handbook.
I further acknowledge that it is my responsibility to review the handbook in its entirety and to seek clarification from program staff regarding any questions or concerns. I understand that compliance with all stated policies is required and that failure to do so may result in appropriate action in accordance with program guidelines.
I acknowledge that I may contact program staff if I have questions or need clarification regarding any part of the handbook.

Child's Name: _____
Parent/Guardian Name (Printed): _____
Parent/Guardian Signature: _____
Date: _____

For Office Use Only
Date Received: _____
Received By (Staff Name/Initials): _____