



Olive Knolls Christian School

Daycare/Summer Daycare Registration



Effective Start Date: _____ Estimated End Date: _____

Student's Information

Last Name: _____ First Name: _____ Home Phone: _____

Primary Home Address: _____ Zip: _____ Contact Phone: _____

Bill To Address (If Different from Primary): _____ Zip: _____

Gender: M F Birth date: _____ Grade to Enter: _____ Physical Defects? _____
In the fall of 2011

School Attending: _____ Phone: _____ Church Affiliation: _____

Sessions To Attend: Session 1 Session 2 Session 3

Full Days Half Days 5 Days 3 Days 2 Days

Circle One T-shirt size Youth: Small Medium Large Adult: Small Medium Large

Father or Guardian's Information

Last Name: _____ First Name: _____ Home Phone: _____

Address: (If Different from Primary): _____ Zip: _____ Contact Phone: _____

Employer: _____ Position: _____

Spouse (If Different from Mother) First Name: _____ OK to Pick-up Student? Yes No

Mother or Guardian's Information

Last Name: _____ First Name: _____ Home Phone: _____

Address: (If Different from Primary): _____ Zip: _____ Contact Phone: _____

Employer: _____ Position: _____

Spouse (If Different from Father) First Name: _____ OK to Pick-up Student? Yes No

Emergency Contact Information

List persons to be contacted in the event of an emergency and none of the parents are able to be contacted.

Last Name: _____ First Name: _____ Relation: _____ Phone: _____

Last Name: _____ First Name: _____ Relation: _____ Phone: _____

Physician: _____ Address: _____ Phone: _____

Medical, Liability and Visual Release

Initials: _____

In the event of an emergency and none of the responsible parties listed within are able to be reached, I hereby authorize the Administrator or Director to consent to emergency treatment on behalf of my child, upon the advice of the attending physician or dentist. I also authorize the Olive Knolls Christian School Staff to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release. As parent/guardian of the named student, I hereby agree to allow him/her to participate in all activities that occur at Olive Knolls Christian School. I realize that unanticipated and unexpected dangers may arise during and associated with school activities. I voluntarily agree to accept any and all risks of injury arising from school activities. Furthermore, I do hereby authorize the consent for Olive Knolls Christian School to videotape and take photos for school publications, including but not limited to, the school yearbook and school website and future advertising of events.

Agreement

By signing below, I acknowledge that I have received and read the OKCS Daycare Handbook and that I understand and agree with the policies, procedures and regulations set forth in this handbook. Specifically, but not exclusively, I agree to the Discipline Policy, Payment Policy, and Fee Schedule. I also understand that even though OKCS has received this application for admittance, my child is not officially registered until the final analysis of school and classroom ratios has been completed. I understand that first consideration is given to applications of returning students and then on a first registered first enrolled basis. In the event that OKCS does not authorize my student to attend OKCS, my child's name will automatically be placed on a waiting list for the next available opening.

Signed: _____

Registration Date: _____