

The Children's Academy of Oxford

Childcare Registration Form

Child's Last Name:	Child's First Name:
Birthdate:	Start Date:
Entering Class/Grade:	Elementary School:
Location:	

Parents or Guardians

Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Cell Phone:	Work Number:
Employer:	Social Security Number:
Email Address:	
Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Cell Phone:	Work Number:
Employer:	Social Security Number:
Email Address:	

AUTHORIZATION FOR PICK UP (Other than Parents)

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, and phone number of any other person/s who you authorize to pick up your child on your behalf.

Name	Relationship to Child	Phone

A parent/guardian’s verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone the child will not be released. **Please let authorized persons know to be prepared to show some type of identification until TCA personnel is familiar with who they are.**

MISCELLANEOUS INFORMATION

Please list any know allergies:	
Please list any special needs:	

<p>Photography Release: By signing this form and initialing this paragraph I have given Children’s Academy of Oxford to photograph my child and place in local newspaper, TCA website and other forms of advertising or communication efforts. Initials: _____</p>
<p>Field Trip Permission: By signing this form and initialing this paragraph I have given my child _____ to attend field trips that have been scheduled by Children’s Academy of Oxford. Initials: _____</p>
<p>Emergency Consent: It is the policy of The Children’s Academy of Oxford to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for this child. Our procedure is to take the child to the nearest emergency service. By signing this form you are giving TCA permission to take appropriate action on behalf of your child. Initials: _____</p>
<p>Received Handbook: By signing this form and initialing this paragraph, I understand that my copy of the Children’s Academy parent handbook can be read and copied at thechildrensacademyofoxford.com. I am aware and understand all of the policies within the handbook. I agree to all policies, and I am willing to abide by these policies. Initials _____</p>
<p>Fees: By signing this form and initialing this paragraph, I understand that all fees paid to The Children’s Academy are nonrefundable and nontransferable. I am aware that I will not be refunded in the event that I decide to forego a spot at The Children’s Academy. Initials _____</p>
<p>Parent/Guardian Signature: _____ Date: _____</p>