



**SHADES**  
of Development

# Student Authorized Pickup and Information Form Fall 2017-2018

21<sup>st</sup> Century Extended Preschool

<b>Student Information</b>	<b>School</b> _____
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Student 1 \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

School Teacher \_\_\_\_\_ Room # \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Student 2 \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

School Teacher \_\_\_\_\_ Room # \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Student \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

School Teacher \_\_\_\_\_ Room # \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

<b>School Information</b>
School Name _____
School Address _____
Knoxville, TN _____
School Phone Number _____

**Parents/Guardian Information – If legal guardian, please provide documentation of guardianship.**

Parent/Guardian 1 _____	Relation _____	Home Phone _____
Address _____	City _____	State _____ Zip _____
Employer _____	Position _____	E-mail _____
Work Address _____	City _____	State _____ Zip _____
Work Schedule <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Work Hours _____	Work Number _____
Cell Phone _____	Cell Phone Carrier _____	I prefer: <input type="checkbox"/> Text <input type="checkbox"/> E-mail <input type="checkbox"/> Phone call

Parent/Guardian 2 _____	Relation _____	Home Phone _____
Address _____	City _____	State _____ Zip _____
Employer _____	Position _____	E-mail _____
Work Address _____	City _____	State _____ Zip _____
Work Schedule <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	Work Hours _____	Work Number _____
Cell Phone _____	Cell Phone Carrier _____	I prefer: <input type="checkbox"/> Text <input type="checkbox"/> E-mail <input type="checkbox"/> Phone call

**Custody Restriction**

If parents are divorced, what are the custody arrangements? \_\_\_\_\_

If custody restrictions are involved, please include a copy of a court order. Restrictions \_\_\_yes \_\_\_no

**Authorized Pick-Up/Emergency Contact Persons (Do not list Mother and Father listed above)(Must be 18 or older)**

<b>Name</b> _____	<b>Relation</b> _____	<b>Contact #</b> _____	Emergency Contact <input type="checkbox"/> yes <input type="checkbox"/> no
Address _____	City _____	State _____	Zip _____
Employer _____	Position _____	E-mail _____	
Work Address _____	City _____	State _____	Zip _____
<b>Name</b> _____	<b>Relation</b> _____	<b>Contact #</b> _____	Emergency Contact <input type="checkbox"/> yes <input type="checkbox"/> no
Address _____	City _____	State _____	Zip _____
Employer _____	Position _____	E-mail _____	
Work Address _____	City _____	State _____	Zip _____
<b>Name</b> _____	<b>Relation</b> _____	<b>Contact #</b> _____	Emergency Contact <input type="checkbox"/> yes <input type="checkbox"/> no
Address _____	City _____	State _____	Zip _____
Employer _____	Position _____	E-mail _____	
Work Address _____	City _____	State _____	Zip _____

**Siblings that live at home not enrolled in SHADES**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Child's Name \_\_\_\_\_ Age \_\_\_\_\_

**Medical Information**

List any illness, disabilities, medications, or routines that may affect your child's activity while at SHADES.

Student 1 \_\_\_\_\_  
Student 2 \_\_\_\_\_  
Student 3 \_\_\_\_\_

List any life threatening allergies for each camper listed on this form

Student 1 \_\_\_\_\_  
Student 2 \_\_\_\_\_  
Student 3 \_\_\_\_\_

Asthma? Student 1 Yes No Student 2 Yes No Student 3 Yes No  
Diabetes? Student 1 Yes No Student 2 Yes No Student 3 Yes No

Does your child have a current health form on file at his/her school? \_\_\_\_\_yes \_\_\_\_\_no

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Parental Agreement (applies to all students listed above)**

By submitting this registration form, the individual(s) herein has permission to engage in all program activities at SHADES of Development, unless noted by me in writing.

- ✓ In the event that I cannot be reached in an emergency, I hereby give my permission to the program director or designee to secure emergency medical services including transportation and physician. I also give my permission to the attending physician to order injections, anesthesia, or surgery, if necessary for my child named above.
- ✓ I understand and agree to sign my child out of the SHADES program each day, or have my child signed out by an 18 year or older person designated by me.
- ✓ I give permission for my child to have sunscreen applied.
- ✓ I give permission to SHADES of Development to use likeness and words of my child in radio, newspapers, magazines and other media for the purposes and activities of SHADES.
- ✓ I understand that SHADES requires the following for enrollment: 1) A health form must be enclosed for each student and 2) Registration paperwork and any applicable fees due two (2) working days (48 prior to enrollment.)
- ✓ I understand that the program director has the right to send home any student that does not comply with program rules, without a refund of any kind.
- ✓ I agree to and understand the following polices: Weekly fees are due on Monday of each week; fees paid after Wednesday at 5:00pm each week will be assessed a five dollar late fee; fees remain constant throughout the school year; fees are due regardless of my child's attendance; a two (2) week notice is required to terminate services and all fees due through the end of the two week notice; services will be terminated if my account becomes two weeks past due.
- ✓ I agree to and understand that if my child is pick up after my child's designated pick up time I will be charged \$1.00 dollar, per minute, per child for every minute my child is left in SHADES care.
- ✓ I understand that SHADES is closed on all days that school personnel do not work. The SHADES schedule is indicated on the SHADES Parent Calendar.
- ✓ I understand and agree to the SHADES policy to pick my child up within the hour in the event a SHADES staff member informs me that my child has a temperature of 100 degrees or more, diarrhea, head lice or any other contagious illness.
- ✓ The parent(s)/guardian(s) agree, by signing this application, to save and hold harmless SHADES of Development and its employees, volunteers, directors, and officers, from any injury, accident, liability, loss, cost, or demand incurred or sustained by your child's participation with SHADES except for acts which are the direct result of gross negligence of the SHADES Program or SHADES of Development or its employees.
- ✓ I have received, read, and understand the Parent Handbook, Parent Orientation, Parent Agreement, Child Abuse Reporting Procedures and State Licensing Requirements.
- ✓ I hereby give SHADES of Development permission to access my child's academic records including but not limited to school-based assessments and evaluations including behavior plans and IEPs, SHADES and COR Advantag Assessments for the purposes of tracking academic and behavioral progress during the 21<sup>st</sup> Century Grant cycle. I understand that my child's individual academic records will be kept confidential at all times. Information will only be used to graph trends and progress for the entire group. I furthermore give permission to SHADES of Development to use any photos or videos taken of my child and family during the SHADES Program for the purposes of research, grant results reporting and/or program promotion. (Parent/Guardian Initials \_\_\_\_\_)

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_