

FUN SHIP CHILDREN'S CENTER
REGISTRATION/EMERGENCY INFORMATION
STUDENT INFORMATION CARD

SCHOOL USE ONLY: Teacher: _____ Date Left: _____

LAST NAME (LEGAL) _____ FIRST NAME (LEGAL) _____ MIDDLE _____ SEX _____ GRADE _____ BIRTHDATE _____ / /
ADDRESS _____ CITY _____ ZIP CODE _____ HOMEPHONE _____
BIRTH CITY _____ BIRTH STATE _____ BIRTH COUNTRY _____
E-MAIL ADDRESS _____ STUDENT'S CELL PHONE _____

Change of Address: Parents/guardians must notify your child's school within two weeks of a change of residency, per Board Policy 5111.1

PARENT/GUARDIAN INFORMATION

MR./MRS./MS. LASTNAME _____ FIRST NAME _____ RELATION TO STUDENT _____
ADDRESS _____ CITY _____ ZIP CODE _____
HOMEPHONE _____ WORK PHONE _____ EXTENSION _____ CELLPHONE: _____ E-MAIL ADDRESS _____

MR./MRS./MS. LASTNAME _____ FIRST NAME _____ RELATION TO STUDENT _____
ADDRESS _____ CITY _____ ZIP CODE _____
HOMEPHONE _____ WORK PHONE _____ EXTENSION _____ CELLPHONE: _____ E-MAIL ADDRESS _____

OTHER STUDENT/GUARDIAN INFORMATION: COMPLETE EACH QUESTION

STUDENT LIVES WITH: (CHECK ALL THAT APPLY) MOTHER FATHER STEPMOTHER STEPFATHER OTHER _____
STUDENT MAY BE RELEASED TO SIBLING: YES NO THE STUDENT GOES DIRECTLY HOME FROM SCHOOL YES NO
CHILDCARE PROVIDER (IF ANY): _____ PHONE: (_____) _____
PREFERRED LANGUAGE FOR MAIL/PHONE: _____

HIGHEST SCHOOL LEVEL OF MOST EDUCATED PARENT

(SEE CODES TO RIGHT*) _____

1. Not High School Graduate
2. High School Graduate
3. Some College or Associate's Degree
4. College Graduate
5. Graduate School/Post Graduate

PREVIOUS SCHOOL: _____ PREVIOUS DISTRICT: _____

OTHER/EMERGENCY CONTACTS IN THE AREA, OTHER THAN PARENTS OR GUARDIAN, WHO ARE AUTHORIZED TO ASSIST YOUR CHILD IN CASE OF AN EMERGENCY (MUST BE OVER AGE 18):

NAME _____ RELATIONSHIP: _____ HOME: (_____) _____ WORK (_____) _____ CELL (_____) _____

NAME _____ RELATIONSHIP: _____ HOME: (_____) _____ WORK (_____) _____ CELL (_____) _____

OUT-OF-STATE CONTACT IN THE CASE OF AN EMERGENCY/DISASTER SITUATION

NAME _____ RELATIONSHIP: _____ HOME: (_____) _____ WORK (_____) _____ CELL (_____) _____

SIBLINGS:

FULL NAME: _____ SEX: _____ BIRTHDATE: / / FULL NAME _____ SEX: _____ BIRTHDATE: / /

FULL NAME: _____ SEX: _____ BIRTHDATE: / / FULL NAME _____ SEX: _____ BIRTHDATE: / /

FULL NAME: _____ SEX: _____ BIRTHDATE: / / FULL NAME _____ SEX: _____ BIRTHDATE: / /

CUSTODY ISSUES: We will assume that the parents/guardians have custody of the student. SPECIFY ANY CONDITIONS OF CUSTODY PROHIBITING RELEASE OF THE STUDENT, AND SPECIFY ANY PERSONS TO WHOM THE STUDENT IS NOT TO BE RELEASED.

(YOU MUST FILE OFFICIAL PAPERS WITH THE SCHOOL OFFICE)

Restrained Individual(s): _____ Relationship: _____

<p>In the event Parent/Guardian or designated physician cannot be reached, Personnel of the State Preschool Program are authorized to use their discretion to secure medical aid. <i>In case of medical emergency, your child will be transported to the nearest available hospital unless noted below:</i></p> <p>Physician/Hospital: _____</p> <p>Phone: _____</p> <p>Please list any serious health problems, accidents or diagnosis you would like Health Services to be aware of:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Does your child take medication daily at home? No _____ Yes _____</p> <p>If Yes, please list medication, dose, and time:</p> <p>_____</p> <p>_____</p> <p>Does your child take medication daily at school? No _____ Yes _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><i>Please check Yes or No for each area below</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Allow Student Photo in Yearbook [Z]</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Allow Student Name in Yearbook [Y]</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Allow Release of Student Info to PTA/PTSA [P]</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Allow Student to receive Health Services [H]</p> <p>(This permission allows your child to receive assistance from a nurse or health assistant covering your school site should they become ill or injured)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Allow Release of Student Info to Classroom Directories [D]</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Allow Student Work on educational Websites [8]</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Allow Student Photo on educational Websites [7]</p> <p style="text-align: right;">_____</p>
--	--

STUDENT HEALTH CARE PLAN

The State Preschool Program takes appropriate steps to protect your child from injuries. Even so, accidents can and do occur while participating in the normal activities that take place on campus, on school trips and during extra-curricular activities and sports. I understand the District does NOT provide medical insurance for student injuries. This means that you are responsible for your child's medical bills if he or she gets hurt during school activities.

I understand FSCC does NOT provide medical insurance for student injuries.

****Your signatures below attest that the information you have provided above and on the reverse side of this form is accurate to the best of your knowledge and that you have reviewed, understand, and agree to abide by the policies of SPP.**

<u>Student Name (Last Name, First Name)</u>	<u>Student Signature</u>	<u>Date</u>
<u>Mother/Guardian Name (Last Name, First Name)</u>	<u>Mother/Guardian Name Signature</u>	<u>Date</u>
<u>Father/Guardian Name (Last Name, First Name)</u>	<u>Father/Guardian Name Signature</u>	<u>Date</u>