



CHILD INFORMATION FORM

JAPHET SCHOOL

2011/2012

Information about Child

* = included in school roster

Name of Child (Last*, First* Middle)		Date of Birth	Grade*
Child's Home Address*			
City*	State*	Zip Code*	Phone Number for Roster*
Parent e-mail Address 1*		Parent e-mail Address 2 (optional)*	

Emergency / "Call First" Phone Number (for illness during school day, school closing notification, etc.)	Number	Which is	<input type="checkbox"/> cell
		name	<input type="checkbox"/> work <input type="checkbox"/> home

Information about Parent/Legal Guardian

Name of Parent / Legal Guardian*			Employer		
Home Address (if not same as child's)*			Employer Address		
City*	State*	Zip Code*	City	State	Zip Code
Home Phone Number* ()	Home Fax Number ()		Work Phone Number ()	Work Fax Number ()	
Cell Phone Number ()	Pager Phone Number ()		Position/Title		
Work e-mail					

Information about Parent/Legal Guardian

Name of Parent / Legal Guardian*			Employer		
Home Address (if not same as child's)*			Employer Address		
City*	State*	Zip Code*	City	State	Zip Code
Home Phone Number* ()	Home Fax Number ()		Work Phone Number ()	Work Fax Number ()	
Cell Phone Number ()	Pager Phone Number ()		Position/Title		
Work e-mail					

Child Name: _____

Local People to Be Notified in an Emergency When Parent Is Not Available:

**** FULL INFORMATION for TWO emergency contacts is required ****

First and Last Name		Relationship	Home Phone Number ()
Home Address			Work Phone Number ()
City	State	Zip Code	Cell Phone Number ()

First and Last Name		Relationship	Home Phone Number ()
Home Address			Work Phone Number ()
City	State	Zip Code	Cell Phone Number ()

Persons Other Than Parents to Whom Child May Be Released with ID

Above-named people, plus:

First and Last Name	Relationship
First and Last Name	Relationship
First and Last Name	Relationship
First and Last Name	Relationship

Permission for Emergency Care

I hereby give permission to the Head of School or designate of Japhet School to secure necessary skilled emergency care for my child, and to notify me and/or my child's emergency contact(s).

Signature of Parent or Guardian	Date Signed
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Health Care Information

Hospital Preferred for Emergency Treatment	Health Insurance Carrier
Health Insurance Cardholder's Name	Health Insurance Policy Number
Name of Child's Physician, Clinic, or Practitioner	Phone Number

Allergies

My child has no known allergies.

My child is allergic to the following:

Medications will be kept at school: YES NO (If yes, complete a Medication Form and give to front office staff with medication.)

Child Name: _____

Permission to Participate in Local Field Trips

My child, _____, has my permission to visit nearby locations, such as local parks, the Madison Heights Library (about ¾ mile from Japhet, neighborhood stores, etc., deemed appropriate by the classroom teacher). My child may accompany the class at any time during the school year for these "mini" field trips. I understand that the teacher will accompany each visit and that transportation will be either by private car or on foot. Established transportation guidelines of Japhet School will be observed.

I GIVE Permission	I DO NOT Give Permission	Signature of Parent or Guardian	Date Signed
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Permission to Place Photo Images for Classroom and Internal Use

I give permission to Japhet School (and to my child) to place photo images of my child (himself/herself) on in-school projects such as classroom bulletin boards, classroom books, posters, assignments, yearbooks, etc.

I GIVE Permission	I DO NOT Give Permission	Signature of Parent or Guardian	Date Signed
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Permission to Place Photo and Video Images for Promotional Use

I give permission to Japhet School to place photo images or video footage of my child in promotional materials, press releases, newsletters, media coverage of school events, and on the Internet. My child will not be identified by name.

I GIVE Permission	I DO NOT Give Permission	Signature of Parent or Guardian	Date Signed
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For All Parents/Guardians Regarding Lunch

The Michigan Department of Human Services requires a parent/guardian to sign the following:

I, _____, agree to be responsible for providing lunch for _____ . I will either provide a lunch from home or money to participate in Japhet's Hot Lunch Program when such a program is provided.

Signature of Parent or Guardian	Date Signed
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Public School District of Student's Residence

The State of Michigan requires Japhet School to report every student's public school district of residence. (Please note: the city in which the student resides is not necessarily the name of the public school district.)

Public School District: