



ID#43863

Application for Admission (2024 Summer)

Childs Name _____ Date of Birth: _____

Place of Birth: _____ Age: _____

Father's Name: _____ D.L.# _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Father's Email Address: _____

Place of Employment: _____

Mother's Name: _____ D.L.# _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Mother's Email Address: _____

Place of Employment: _____

Parents Are: Together at home: _____ Legally divorced: _____ Separated: _____

If parents are separated, who has custody of the child? _____

What grade are they in _____

Health/Emergency Information

Childs Name: _____

Date of Birth: ____/____/____

Please provide the following medical information:

Allergies: _____

Epi Pen has been prescribed? Yes No

Does your child have athsma? Yes No

Does your child take medicine for athsma? Yes No

Medication(s) presently taking:

Health History: (List any chronic/severe illnesses, injuries, physical limitations, diagnoses (Ex: ADHD, ASD), etc)

* If your child has a chronic medical condition that may lead to a potential medical emergency, please make an appointment with the FAM Kids Club director before enrolling.

Medical/Insurance Company: _____

Policy #: _____

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Medication/Administration and Policy

All medications will be administered only with the signed consent of the parent/guardian and under the assessment and discernment of the FAM Kids Club director. Please note that all medications administered are documented. The only medications allowed will be emergency medications such as an inhaler and epi-pen. If your child requires the use of an inhaler or epi-pen a medication administration form must be on file. The form must be signed by a parent.

Parents Signature

Date

If your child needs medicine administered, please let the Director know so they can get you the needed paperwork on file.

Medical Emergency

I/We _____ residing at _____
_____ are the parents/guardians of
_____ a minor, age _____ in
the city of _____ Zip _____ County of
_____ State of _____ born on _____ who resides
with me/us at the address set forth above.

In case of emergency, I/we authorize any representative of FAM Kids Club to present above stated minor to a medical treatment center, and do consent to an x-ray, exam, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general practitioner or surgeon licensed to practice in any state of the United States, and do hereby consent to the same like treatment for dental diagnosis or treatment by a dentist licensed to practice in any state in the United States. I/We understand that I/we shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization.

Signature of Parent Date

STATE OF FLORIDA COUNTY OF POLK

Sworn to and subscribed before me on the aforementioned State and County This

_____ day of _____, 20_____, personally appeared

_____, who is personally known to me or who has produced

Florida Drivers License # _____ as identification and who did not take an oath.

Notary Public, State of Florida

Commission Number:

Commission Expires:

Parent Permission Form

I hereby certify that I am the parent/guardian of _____
Childs Name

Photo Release:

I give permission for my childs photograph or video image to be taken while he/she is in the care of FAM Kids Club. Such images may be posted in classrooms or other appropriate places within the center, used in center presentations or promotional materials, or distributed to staff. I understand that I may terminate this permission at any time in the future.

Authorization to Transport:

I give my permission for my child to be transported by authorized FAM Kids Club staff for field trips and emergencies that may require FAM Kids Club to vacate the premises. I hereby authorize the FAM Kids Club staff to transport my child to a safe environment until I can be reached.

Parents/Guardians Name (Please Print)

Parents/Guardians Signature Date:

STATE OF FLORIDA COUNTY OF POLK

Sworn to and subscribed before me on the aforementioned State and County This

_____ day of _____, 20_____, personally appeared

_____, who is personally known to me or who has produced

Florida Drivers License # _____ as identification and who did not take an oath.

Notary Public, State of Florida

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