



ADMISSION INFORMATION

Full Name of Child: _____
Date of Birth: _____ Nickname: _____
Child's Home Address: _____
City, State, Zip: _____
Parent(s) Email Address: _____
How were you referred to The Good Earth Day School? _____
Date of Admission: _____ Date of Withdrawal: _____
Parent(s) or Guardian's Names: _____
Address(if different from child's): _____
Telephone numbers where parent/guardian can be reached while child is in school (Please specify whose number and type: work, cell, pager):

Emergency Contacts

Please list three people that we may contact in case you cannot be reached.

Name: _____
Relationship: _____
Address: _____
City, State, Zip: _____
Phone numbers: _____

Name: _____
Relationship: _____
Address: _____
City, State, Zip: _____
Phone numbers: _____

Name: _____
Relationship: _____
Address: _____
City, State, Zip: _____
Phone numbers: _____



Authorized Release Information:

I hereby authorize the school to allow my child to leave the premises ONLY with the following persons. Children will only be released to a parent/guardian or person designated by the parent/guardian with 1) prior notice that there will be a diversion from the typical pick up person and 2) after verification of a photo ID.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Transportation:

I hereby ___give ___do not give consent for my child to be transported and supervised by the school's employees:

_____ for purposes of emergency care, i.e. to a hospital emergency room

Water Activities:

I hereby ___give ___do not give consent for my child to participate in water activities:

_____ sprinkler play _____ water table play

Receipt of Operational Policies:

_____ I acknowledge receipt of The Good Earth Farm School's Family Handbook (the "Handbook"), which includes policies for discipline and guidance. I acknowledge that the Handbook contains important information about the school. I have had an opportunity to read the Handbook, and I understand that I may ask the Director any questions I might have concerning the Handbook. I accept the terms of the Handbook and understand that it is my responsibility to comply with the policies contained in this Handbook and any revisions made to it.

Since the information and policies described herein are subject to change at any time, I acknowledge the revisions to the handbook may occur. All such changes will generally be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.



Authorization for Emergency Medical Attention:

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Name of Emergency Medical Care Facility: _____

Address: _____

City, State, Zip: _____

Phone number: _____

List any special concerns relating to your child, including: allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information that the caregivers should be aware of:

_____ I understand that in the event of a medical emergency that necessitates transportation by ambulance, the caregiver(s) at The Good Earth Day School may not be able to accompany my child in the ambulance due to the responsibility to care for other children who are at the school.

Signature of Parent/ Guardian

Date