

**JagCare 2022-2023
Enrollment Record**

Start Date: _____

STUDENT LEGAL NAME

NICK NAME

DATE OF BIRTH

AGE AT ENROLLMENT

GENDER

ADDRESS

TEACHER

GRADE

PARENT/GUARDIAN #1

NAME

ADDRESS (IF DIFFERENT FROM STUDENT)

PRIMARY PHONE#

SECONDARY PHONE#

NAME OF EMPLOYER

ADDRESS OF EMPLOYER

WORK PHONE#

MAY SIGN FOR STUDENT? YES NO

PARENT/GUARDIAN #2

NAME

ADDRESS (IF DIFFERENT FROM STUDENT)

PRIMARY PHONE#

SECONDARY PHONE#

NAME OF EMPLOYER

ADDRESS OF EMPLOYER

WORK PHONE#

MAY SIGN FOR STUDENT? YES NO

JagCare Use Only: End Date of 2022-2023 Enrollment:

Director Sign:

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EMERGENCY CONTACTS – IF PARENT #1 OR #2 ARE NOT AVAILABLE

One emergency contact must be listed

#1 – NAME

PHONE#

ADDRESS

ALT PHONE#

RELATION TO STUDENT

#2 – NAME

PHONE#

ADDRESS

ALT PHONE#

RELATION TO STUDENT

#3 – NAME

PHONE#

ADDRESS

ALT PHONE#

RELATION TO STUDENT

#4 – NAME

PHONE#

ADDRESS

ALT PHONE#

RELATION TO STUDENT

PERSONS AUTHORIZED TO SIGN FOR STUDENT

[Other than Parent #1 or #2, photo ID is required, must be 16 years or older]

#1 – NAME

PRIMARY PHONE#

ALT PHONE#

RELATION TO STUDENT

#2 – NAME

PRIMARY PHONE#

ALT PHONE#

RELATION TO STUDENT

#3 – NAME

PRIMARY PHONE#

ALT PHONE#

RELATION TO STUDENT

#4 – NAME

PRIMARY PHONE#

ALT PHONE#

RELATION TO STUDENT

[Attach additional authorized persons separately, include above information]

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STUDENT MEDICAL INFORMATION

DOCTOR NAME

PHONE#

ADDRESS

DENTIST NAME

PHONE#

ADDRESS

In case of emergency, 9-1-1 will be called. Student will be transported to the nearest hospital. IF you have a preferred hospital choice, please list the name and complete address below:

STUDENT CHRONIC MEDICAL CONDITIONS

Does your student have a specific medical condition that requires a health plan? YES NO

If yes, health care plans must be provided on or before the first day of attendance.

Is your student full immunized?

YES ___ Immunization records will be accessed by JagCare's school nurse consultant and kept on file.

NO ___ An immunization exemption certificate must be completed prior to attendance; this is kept on file.

HEALTH HISTORY (e.g., chronic/recurring)

Ear Infection

Diabetes

Hearth disease/defect

Convulsion/Seizures

Asthma

Nosebleeds

Current on Flu Shot

Covid-19 Exposure

ALLERGIES (nature of reaction)

Hey Fever

Plant Poisoning

Insect Stings

Penicillin

Other drugs

Animals

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Food

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission to JagCare Staff to call a doctor or emergency medical service, and permission for said doctor, hospital, or medical service to provide emergency medical or surgical care for my student

STUDENT NAME

It is understood that JagCare will make a conscientious effort to locate the Parent/Guardian and emergency contacts listed above before any action will be taken. If it is not possible to locate said contacts, treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

#1 Parent/Guardian Signature

Date

#2 Parent/Guardian Signature

Date

JagCare Activity Permission

I give my permission for my student: _____ to participate in the following activities while attending JagCare, including but not limited to:

Art/Crafts

Paint (finger and brush)

Tempura Paints

Elmer's Glue

Scissors

Markers

Colored Pencils

Recess

Four Square

Tether Ball

Slide/Swings/Structures

Cooperative Games

Videos

G Rates

PG Rates*

Parent Initial _____

Snack Time

Food not provided

No sharing

Please list any limitations your student may have that would exclude them from these or other activities.

I/we attest the above information is accurate.

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

Director Sign Approval

Date

Updated: July 22

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