

Children's Records
must be maintained
for at least five (5)
years after a child

US Taekwondo Cranston After School/Summer Program Registration Form

***PHOTO OF CHILD
(*Optional)
PLUS
PHYSICAL
DESCRIPTION**

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the educator's possession on or before the first day your child begins care. Please notify your educator if any of the information changes.

Eye Color _____
Hair Color _____ Sex _____
Height _____ Weight _____
Other: _____

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Before School Program | <input type="checkbox"/> Monday | |
| <input type="checkbox"/> After School Program | <input type="checkbox"/> Tuesday | |
| <input type="checkbox"/> Year-Round Program | <input type="checkbox"/> Wednesday | <input type="checkbox"/> CCAP _____ |
| <input type="checkbox"/> Summer Program | <input type="checkbox"/> Thursday | <input type="checkbox"/> Private |
| <input type="checkbox"/> Vacation Weeks | <input type="checkbox"/> Friday | <input type="checkbox"/> Deposit: _____ |

General Information

Date of Admission _____ Age at Admission: _____

Date of Discharge _____

Reason for Discharge: _____

Child's full name _____ Date of Birth _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Nickname _____

Primary Language of Child _____ Primary Language of Parents _____

Allergies/Special Diets _____

Name of Parent(s)/Guardian(s) _____

Home address (if different) _____

Telephone Numbers; Cell Phone: _____ Home Phone: _____

Email Address: _____ Work Phone: _____

Name of Parent(s)/Guardian(s) _____

Home address (if different) _____

Telephone Numbers; Cell Phone: _____ Home Phone: _____

Email Address: _____ Work Phone: _____

Parent(s)/guardian(s) business address/location during childcare:

Parent/Guardian: _____ Parent/Guardian _____

Where: _____ Where: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Instructions: _____ Instructions: _____

Child's full name _____ Date of Birth _____

Emergency Contact/Authorized pick-up person

In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the childcare premises.

(1) Name: _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Relation to child _____

(2) Name: _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Relation to child _____

Written Acknowledgement of Receipt of Parent Handbook

I acknowledge that I have received a copy of the provider's parent handbook as well as information regarding lead poisoning prevention (may be included in the parent handbook).

Parent/Guardian

Date

Parental Visit Notice

I understand that I may visit US TAEKWONDO Cranston unannounced at any time during the hours that my child is in care.

Parent/Guardian

Date

TRANSPORTATION PLAN / AUTHORIZED PICK- UP

My child will arrive to the program by:	My child will depart the program by:
<input type="checkbox"/> Program Bus/Van <input type="checkbox"/> Parent Drop-Off <input type="checkbox"/> Supervised Walk <input type="checkbox"/> Unsupervised Walk <input type="checkbox"/> Public/Private Van <input type="checkbox"/> Private Transportation Provided by Parent	<input type="checkbox"/> Program Bus/Van <input type="checkbox"/> Parent Pick Up <input type="checkbox"/> Supervised Walk <input type="checkbox"/> Unsupervised Walk <input type="checkbox"/> Public/Private Van <input type="checkbox"/> Private Transportation Provided by Parent

In the space below, please note any important information regarding transportation of your child to and from the program (i.e.--indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from a bus stop, etc.)

I additionally authorize the following individual to take my child from the childcare premises. (Please let us know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

Name _____ Address _____

Telephone _____ Cell Phone _____ Work Phone _____

Relation to child _____

Name _____ Address _____

Telephone _____ Cell Phone _____ Work Phone _____

Relation to child _____

If applicable: Name of School Child Attends: _____

Copies of any custody agreements, court orders, restraining orders (if applicable)

Notes:

Child's full name _____ Date of Birth _____

Child's School Information

Name of current School that my child attends	
School Address	
Drop off time (Before-school care)	
Pick up time (After-school care)	

MEDICAL INFORMATION AND HISTORY

Regulations for licensed childcare programs require this information to be on file to address the needs of children while in care.

CHILD'S NAME _____ **DATE OF BIRTH** _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Allergies i.e., asthma, hay fever, insect bites, medicine, food reactions (If none, please put N/A):

Regular medications: _____

Is there anything else we should know about your child? _____

SCHOOL AGE ONLY (Immunization Information)

Current School: _____

School Address: _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian initials: _____

Child's Physician or Health Care Professional

Name: _____ Telephone: _____

Address: _____

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

Medical Insurance Information (OPTIONAL)

Subscriber's Name: _____ Policy #: _____

Type of Insurance: _____ [] Copy of Insurance Card

Liability Waiver

My child has permission to participate in activities provided by Master Wonsam Lee and the Master Lee's US Taekwondo Cranston. I acknowledge that my child must follow all the rules in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child at my expense. I recognize and acknowledge there is a known risk of injury in the participation of Tae Kwon Do. I assume all risks and hazards incidental to and inherent in participation in this program, except where an agency acted in reckless or gross negligence. I agree that US TAEKWONDO CRANSTON, Wonsam Lee, and all persons participating in the instruction of MUST will not be held responsible for damages of injuries caused by use of or practice of any techniques presented in the classes. I hereby waive and release any claims that arise out of any decision to authorize medical/surgical treatment and indemnify and hold harmless Master LEE and the MUST from claims of third parties arising out of the decision to authorize medical/surgical treatment. My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

After School Program Transportation Authorization

I give permission to Wonsam Lee, the US TAEKWONDO CRANSTON and its employees to pick up my child from school each day. They will be brought to the US TAEKWONDO CRANSTON and picked up by one of the persons specified on this form. I authorize transportation to and from my residence if needed.

Transportation & Field Trip Authorization

I give permission to the US TAEKWONDO CRANSTON and its employees to transport my child to and from special events and field trips during the summer program. I also give permission to the staff and the Center to bring my child on field trips: including but not limited to the local water parks, playgrounds, any and all other trips that the staff decide to take. I understand that alternate trips may be taken due to weather and/or other factors. They will be brought to the US TAEKWONDO CRANSTON and picked up by one of the persons specified on this form. I authorize transportation to and from my residence if needed.

My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

Parent/Guardian First and Last Name (please print): _____

Parent/Guardian Signature: _____

Date: _____

Permissions (for each child enrolled)

General Permission-(Basic Transport) (Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.) By signing this form, I am allowing my child to be taken off the childcare premises.

I, hereby give MASTER LEE'S US TAEKWONDO permission to take my child _____ off the premises of the childcare center for the following excursions: (specific places your child is allowed to go. If only pick up from school, please list your child's school name):

Using the following forms of transportation:

Parent/Guardian

Signature Date

I do not want my child to be taken off the childcare premises/I will provide transportation for my child.

Parent/Guardian

Signature Date

Permission - (Transport to Medical Facility and Receive Emergency Medical Treatment)

Medical Emergency Treatment (Department of Children, Youth and Family recommends checking with your local hospital about the acceptability of this statement)

I, hereby give MASTER LEE'S US TAEKWONDO permission to administer basic first aid and/or CPR to my child _____, and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian

Signature Date

Topical Medication/Ointments (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray), diapering ointment.

I do not want my child to be taken off the childcare premises/I will provide transportation for my child.

Parent/Guardian Signature

Date

Child's Name _____

Emergency Card Information

REMINDER : *This emergency card information is for the educator's first aid kit. The educator(s) must take first aid materials when leaving the childcare premises.*

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

_____ Phone: _____

Instructions to Reach Parent or Guardian

1. _____
(Name, Address, Home and Cell Phone #)

2. _____
(Name, Address, Home and Cell Phone #)

Contact Information for Physician or Health Care Professional

1. _____
(Physician's Name, Address, Phone #)

Emergency Contact Person(s)

1. _____
(Name, Address, Home and Cell Phone #)

2. _____
(Name, Address, Home and Cell Phone #)

Emergency Medical Treatment

I hereby give MASTER LEE'S US TAEKWONDO permission to administer basic first aid and/or CPR to my child _____ and/or take my child to a hospital for
(Name)
medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian

Date

Medical Insurance Information (Optional)

Subscriber's Name: _____

Type of Insurance: _____

Policy Number: _____

Copy of insurance card

Other pertinent medical information: _____

