Starr's Mill High School
Child Development Center

Date: _____

Child's Name: _____

Name used at home: _____

Date of Birth: _____ Sex: _____

Address: _____zip:_____

City: _____

Home phone number: _____email address:_____

Father's name: _____

Place of employment: _____

Work phone number: _____

Mother's name: _____

Place of employment: _____

Work phone number: _____

If child does not live with both parents in one household, please answer the following:
Are parents separated? _____ divorced? _____

Legal guardian: _____

With which parent will the child be living while attending the Center? _____

Language spoken by child: _____

Is your child toilet trained? _____

Other persons living in the home: age   sex   relationship

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

Describe your child briefly. Tell about favorite toys, eating habits, daily routines, etc. _____

_____

_____

_____

_____

Are there any special conditions or situations that we should know about in order to care for your child (i.e., religious considerations, special diet concerns, etc…)

_____

_____

_____

_____

How did you hear about this program?

_____

_____

_____

Dear Parents,

All students participating in vocational classes must show proof of insurance coverage in case of accident. Since your child is involved in the Starr's Mill High School Child Development Center, we are asking that you sign a similar release.

Under the laws of the State of Georgia, the Fayette County Board of Education is not responsible for, nor liable for any claim for injuries received by school students engaged in vocational classes. The Board of Education feels that the student should have some form of protection against accident or injury while participating in these activities and recommends that each student carry some form of sick and accident policy.

_____

I/We desire that our child, _____, be permitted to take part in the preschool program at Starr's Mill High School. I/We assume all risk for accident or injury to our child. I/We release the Fayette County Board of Education and Starr's Mill High School from any liability to our child, to us, or to either of us, as parents for injuries to our child.

In case of accident, we give our permission to administer emergency treatment.

My child is covered with accident insurance with:

_____
Name of Insurance Company

_____
Policy number

_____
Parent Signature   Date

_____
Parent Signature   Date

Emergency Information
Starr's Mill High School
Child Development Center

Child's name: _____

Date of birth: _____ Home phone: _____

Home address: _____

Mother's Daytime address: _____

Mother's daytime phone number: _____

Father's daytime address: _____

Father's daytime phone number: _____

Please list a person(s) responsible for child and authorized to take the child from the center if parents are unavailable:

Name: _____ relationship: _____

Address: _____ telephone: _____

Name: _____ relationship: _____

Address: _____ telephone: _____

Name: _____ relationship: _____

Name: _____ relationship: _____

Does your child have any allergies or medical problems?_____
_____

Your child's Pediatrician: _____

Pediatrician's phone number: _____

Signature of Parent or Guardian: _____

Parental Media Waiver

We, the parents/guardians of _____, authorize
the videotaping and/or photographing of our child for publication on both print and electronic
media. We understand that our child's likeness will appear on both print and electronic media
outlets including the World Wide Web. By signing below, we agree not to hold the Fayette
County School System liable for any publicity our child receives.

_____   _____
Parent/Guardian Signature   Date

Parental Child Development Center Student Directory Waiver

We, the parents/guardians of _____, authorize
Starr's Mill High School Child Development Center to include the following information in the
Student Directory List given to parents of enrolled children each year:

_____   Child's Name
_____   Phone Number
_____   Address
_____   Parent's Names
_____   Parent's Cell Phone Numbers
_____   Parent Email Addresses

Tuition Statement

I understand that the full semester's tuition for Starr's Mill High School Child Development Center is due the first day of preschool or upon enrollment both Fall (August) and Spring (January) Semesters. This tuition is non-refundable in the case that the child does not stay enrolled the entire semester. Any child whose tuition is not paid in full will be removed from the program.

_____   _____

Child's Name   Parent's Signature