

St. Martin's Growing with God Handbook Acknowledgement Form 2009

This form is to acknowledge that I have read the Hand Book of Policies and Procedures given to me by the St. Martin's Growing with God Program. A copy of the Hand Book has been provided to me to use as a reference throughout the year.

I have also completed and returned the following documents listed below to complete my child's registration packet.

- _____ Enrollment Form
- _____ Medical Authorization Form
- _____ Pick up Authorization Form
- _____ GWG Permission Form
- _____ Child's Needs Sheet

_____ Registration Fee Paid (\$40) Date paid _____ Check # _____
_____ Supply Fee Paid (\$30) Date paid _____ Check # _____

Child Name _____
Date of Birth _____

Parent's Signature _____
Date _____

St. Martin's Growing with God Enrollment Form

Child Information

Name _____ Gender _____
Date of birth _____ Age as of Sept. 1st 2009 _____

Child lives with _____

Address _____

Home Phone Number _____

Mother's Name _____
Employer _____ Work Phone _____
Cell Phone _____

Father's Name _____
Employer _____ Work Phone _____
Cell Phone _____

Emergency Contact
Name _____ Relationship _____
Phone Number _____ Cell Phone _____

Medical Information
Doctor _____ Phone Number _____
Significant Medical History _____

Drug or Food Allergies _____

Parent's Signature _____ Date _____

St. Martin's Growing with God Permission Form 2009-2010

By completing this form, I am giving consent for my child
_____ to participate in the following
activities offered at St. Martin's GWG

INDOOR AND OUTDOOR PLAY

Such as:

Balls

Hula hoops

Jump ropes

Musical chairs

Tag

Playscape

Riding toys

Sports court area

Sand box

Nature walks

WATER ACTIVITIES

Such as:

Science activities

Sprinklers

Wading pools

Splashing pools

Water balloons

Splash Balls

Parent's Signature _____

Date _____

Medical Authorization Form

In my absence during Growing with God (August 2009 – May 2010), I authorize emergency medical treatment for my child

_____ who is in the care of Julie Cooper, Growing with God Director

Health Care Provider

Doctor _____ Phone _____

Practice Name _____

Alternative Doctor _____ Phone _____

Health Insurance

Provider _____ Phone _____

Address _____

Subscriber # _____ Group # _____

Name of person insured _____

Important information about my child

Social Security Number _____

Date of Birth _____

Allergies _____

Current Medications _____

Parent's Signature _____

Date _____

St. Martin's Growing with God Pick-up Authorization List

I give my permission to the people listed below to pick-up my child from the Growing with God program.

Name _____
Relationship to Parent _____
Drivers license # _____
Contact phone # _____

Name _____
Relationship to Parent _____
Drivers license # _____
Contact phone # _____

Parent's Signature _____
Date _____

St. Martin's Growing with God Child's Needs Sheet

This form is used to help better serve the needs of your child.

Child Name _____

Nickname _____

Previous School attended _____

How does your child do in a group setting?

Does your child favor their right or left hand? _____

Unusual eating problems? _____

Food Allergies _____

What are your child's fears?

How are nervous habits demonstrated?

Child's favorite toy? _____

Names of people and animals living at your home.

How does your child let you know they need to use the bathroom?

Please list any other information you feel would be helpful for us to better understand how your child communicates.

Form completed by _____

Date _____