

FIRST STEPS ACADEMY
SCHOOL AGE CHILD INFORMATION FORM

(To be Kept in Classroom Binder)

Child's Name _____ Date of Birth _____

Name of school student attends _____ Grade completed _____

Child's Home Address _____

Home Phone _____

Mom's Name _____ Mom's E-Mail _____

Mom's Work Phone _____ Mom's Cell Phone _____

Dad's Name _____ Dad's E-Mail _____

Dad's Work Phone _____ Dad's Cell Phone _____

ALTERNATE PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____ Relationship _____

Phone _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

**PICTURE IDENTIFICATION IS REQUIRED BY THE PERSONS LISTED ABOVE AT TIME OF PICKUP.
(There will be no exceptions)**

THE FOLLOWING PEOPLE ARE *NOT* AUTHORIZED TO PICK UP MY CHILD

Please note that First Steps cannot deny a parent access to their child unless legal documentation has been filed with the Office.

MEDICAL CONDITIONS / ALLERGIES

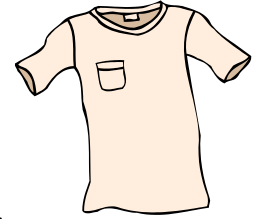
(For example, diabetes, asthma, food allergies, reactions to medications, etc.)

Summer Camp Registration and T-Shirt Order Form

Name: _____ Boy: _____ Girl: _____

Grade in school completed: _____ Age: _____

Shirt sizes: Child Small Adult Small Adult Large
Child Medium Adult Medium



Cost of one t-shirt is included in your registration fee. Additional Shirts are \$10 each.

Number of Additional Shirts _____ same size as the one checked above.

Office Use Only: Money paid for registration and extra t-shirts.

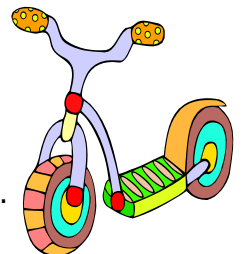
Method of Payment: Check # _____ Cash Money Order Card

Amount Paid: registration _____ extra t-shirts _____

Received by _____ Date _____

Scooter Days

We want to give your child the opportunity to ride his or her foot powered scooter this summer. Scooter days are noted on the calendar. When you arrive, please park your scooter in the bike tower.



You may take it home each time or leave it parked in the designated location. Please do not ride your scooter in the building.

Tennis shoes are required when you ride your scooter!!!

We strongly recommend that your child use safety equipment.

Child's Name _____

Please check all that applies to your child.

- My child will bring a scooter and **will** share with others.
- My child will bring a scooter and **will not** share with others.
- My child does not have a scooter, but has my permission to ride one.
- My child will bring and wear safety equipment when riding.
- My child is not allowed to ride a scooter.

Parent's Signature _____

FIRST STEPS ACADEMY
PARENTAL CONSENT TO
MEDICAL CARE AND TREATMENT

I hereby certify that I am the parent/guardian of _____.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

_____ In order to meet all legal requirements, I hereby authorize the Director of First Steps Academy, or the person in charge in the event of her absence, to give any and all necessary emergency medical treatment to my child while he or she is in the care of First Steps Academy.

_____ In the event of serious illness or accident, and neither I nor any of my contacts can be immediately contacted, I give my authorization to have my child moved by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I also assume responsibility for the payment of same.

AUTHORIZATION TO TRANSPORT

_____ During any field trips and in the event of any emergency that requires First Steps Academy to vacate the premises, and neither I nor any of my contacts can be immediately contacted, I hereby authorize the Director, or the person in charge in the event of her absence, to transport my child to a safe environment until I can be reached.

(To be signed in the presence of First Steps Academy Notary)

Printed Name of Parent/Guardian

Signature of Parent/Guardian

STATE OF FLORIDA)
) SS:
COUNTY OF ORANGE)

Sworn to and subscribed before me this _____ day of _____, by _____, who is personally known to me or who has produced _____ (number _____) as identification.

(NOTARY STAMP)

Notary - State of Florida
Commission No.:
My Commission Expires:

FIRST STEPS ACADEMY
MEDIA/PHOTOGRAPH/VIDEO RELEASE FORM

CHILD'S NAME: _____

Education to the public is one of First Steps Academy's objectives. The entire community benefits from knowing about the needs and abilities of our children and about the programs we offer to children and their families. In order to release media, photos, video footage, or comments and/or to post on our website, we need written parental consent.

Please circle whether you give or do not give your authorization for the following.

I **(give / do not give)** my authorization to First Steps Academy to take photographs and/or video of my child while he or she is in the care of First Steps Academy personnel.

I **(give / do not give)** my authorization to First Steps Academy for such photographs to be posted in classrooms or other appropriate places within the school.

I **(give / do not give)** my authorization to First Steps Academy to use such photographs and/or video taken of me or my child for use in promotional and educational materials such as brochures, newsletters, advertisements and magazines.

I **(give / do not give)** my authorization to First Steps Academy to use such photographs/video in electronic version of the same publications, or on the First Steps Academy website or other forms of social media, electronic or otherwise, without notifying me.

I **(give / do not give)** my authorization to First Steps Academy for the use of, and reproduction by, First Steps Academy of any and all photographs and/or videotapes taken of my child, without compensation to me and/or my child.

I understand that any and all photographs and/or video recordings **(only as authorized above by me)** shall be the property, solely and completely, of First Steps Academy.

I waive any right to inspect or approve the finished photographs/videotapes, and the soundtrack, script or printed matter **(only as authorized above by me)** that may be used in conjunction with them.

Your signature below indicates that you have read, and you fully understand, the contents, meaning, and impact of the First Steps Academy Media/Photograph/Video Release.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Address