

Santa Fe Day School Enrollment

Enrolling for: _____ Fall 22/Spring 23 _____ Summer 2022

_____ All 3 days _____ 2 days (T/Th) _____ 1 day (Wed.)

Name: _____ **Date of Birth:** _____

Address: _____ **Zip Code** _____

Home ph#: _____ **Email address:** _____

How did you hear about us? _____

Contact Information

Mother's Name

Occupation

Cell phone

Work number

Father's Name

Occupation

Cell phone

Work number

Others to have permission to pick up my child

Name

Relation

Name

Relation

Emergency Contacts (other than parents)

Name

Relation/Phone number

Name

Relation/Phone number

Parent's Signature

Date

~~~~~  
For office use only:

\_\_\_\_\_  
Enrollment Fee

\_\_\_\_\_  
EMT Form

\_\_\_\_\_  
Photo Consent

\_\_\_\_\_  
Health Policy

\_\_\_\_\_  
Handbook Ack.

\_\_\_\_\_  
Shot Record

\_\_\_\_\_  
Sibling enrolled

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
Class Placement

\_\_\_\_\_  
W/D Date

# Summer Enrollment Only

June 7<sup>th</sup> – June 30<sup>th</sup> 2022

9:30 to 12:30

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home ph#: \_\_\_\_\_ Email: \_\_\_\_\_

## Contact Information

Mother's Name \_\_\_\_\_ Cell# \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell# \_\_\_\_\_

## Others to have permission to pick up my child

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

## Emergency Contacts (other than parents)

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

~~~~~  
For office use only:

_____ Chk#

_____ Class Placement

_____ Referral

_____ Referral

Santa Fe Day School
Health Policy

The best way to prevent illnesses is to prevent exposure. Therefore, we ask that you help us in maintaining a clean, healthy environment by keeping your child home if you observe any of the following symptoms/illnesses within 24 hours of attending SaFe Day School:

- Any contagious disease while still in the contagious stage
- Upset stomach, vomiting, or diarrhea
- Fever greater than 99 degrees
- Questionable rashes
- Persistent cough
- Discharge in or around eyes
- Conjunctivitis (pink eye)
- Green or yellow runny nose

If your child is observed having any of the above symptoms/illnesses, or develops other indications of illness during the day, you will be called to pick him/her up immediately.

If your child will be absent due to illness, please call the office by 9:30am to let us know.

If your child contracts a contagious disease, please notify the school immediately.

If your child needs medications prescribed by a doctor during school hours. You must fill out a form granting us permission to administer the medications and provide detailed instructions of dosage and times. All medications must be in original containers and will be kept in the Director's office. Over the counter medications will not be administered unless a written note is obtained from a doctor detailing dosage and time of administration. Please inform the office if your child has asthma and uses an inhaler. We will make appropriate arrangements and a meeting will be arranged with the child's teacher for instructions on administering the inhaler.

If your child is being treated with antibiotics, he/she should be on the drug for at least 24 hours before returning to school.

Please sign below, acknowledging that you are fully informed of this policy and its purpose.

Print child's name

Print parents name

Parent's signature

Date

Santa Fe Day School
Authorization for Emergency Medical Treatment

I your child sustain a non life-threatening injury, Oklahoma law requires that a hospital have a parental consent before beginning treatment. This form allows you to give the necessary permission even if your child is under care of another adult. Please complete this form and return to Santa Fe Day School. The form can be presented at any medical office, clinic or hospital in Oklahoma for emergency medical care.

I (we), the undersigned parent(s) or legal guardian of _____, a minor, authorize Santa Fe Day School to provide consent for emergency medical care for my child named above if unable to reach me (us).

Parent/Guardian Signature: _____ Today's date:

Address: _____ City _____ State _____ Zip

Relation: _____ Phone (h) _____
(w) _____

Child's Name: _____ Date of Birth:

Date of last Tetanus/Diphtheria booster: _____ List of allergies:

List of regular medications or other pertinent health information:

Child's physician: _____
Phone: _____

Insured's name: _____ Insurance Company:

Address of Insurance Co.

Policy number/plan number/group
number: _____

Santa Fe Day School
Consent to Use Image

Students at Santa Fe Day School (SaFe Day) often have the opportunity to be photographed or videotaped in conjunction with school activities and events by the teachers or administration of SaFe Day or by members representing the media. These images may appear in newspapers, newsletters, newscasts, on the SaFe Day website, displayed at the school, and SaFe Day full authority and consent to use the images in these or any related manner.

_____ I give my consent for the use of my child's images, as described above. I understand neither I nor my child will be compensated in any manner for the use of such images.

_____ I do not give my consent for the use of my child's images, as described above.

Parent's/Guardian's Signature
name

Child's full

Date

*Please return this form to the office.
Thanks you.*