

SaFe Day Registration Form '26-'27

Santa Fe Day School

405-844-1033

safeday@santafechurch.org

1603 N Santa Fe Ave, Edmond OK 73003



INFORMATION

Today's Date _____

Enrolling for:

- ☐ Three Days (Tues, Wed, Thurs)
☐ Two Days (Tues, Thurs)
☐ One Day (Wed)

STUDENT INFORMATION

Full Name:

Preferred Name:

Date of Birth: / /

Home Address:

City:

State:

Zip Code:

Gender: ☐ Male ☐ Female

Previous School (if any):

FAMILY INFORMATION

Mother's/Guardian's Name:

Cell Phone:

Occupation:

Alternate Number:

Email Address:

Home Address (if different from student):

Father's/Guardian's Name:

Cell Phone:

Occupation:

Alternate Number:

Email Address:

Home Address (if different from student):

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Relationship to Student:

Phone Number:

Emergency Contact Name:

Relationship to Student:

Phone Number:

PICK UP INFO

Others who MAY pick up child:

Relationship to Student:

Others who may NOT pick up child:

Relationship to Student:

If there is a court order restricting custody or visitation with this child, please ensure that the director has a current copy on file.

EMERGENCY MEDICAL TREATMENT

If your child sustains 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 the care of another adult. Please complete this form which can be presented at any medical office, clinic, or hospital in Oklahoma for emergency medical care.

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

Parent/Guardian Signature: _____

Date: _____

STUDENT INFORMATION

Full Name

Date of Birth: / /

Home Address:

City:

State:

Zip Code:

MEDICAL INFORMATION

Does the student have any allergies? ☐ yes ☐ No

If yes, please list: _____

Does the student have any medical conditions we should be aware of? ☐ yes ☐ No

If yes, please specify: _____

Primary Physician Name: _____ Phone Number: _____

Date of last Tetanus/Diphtheria booster: _____

INSURANCE INFORMATION

Insurance Company:

Policy Number/Plan Number:

Policy Holder:

Policy Holder's Date of Birth:

IMAGE CONSENT

Students at Santa Fe Day School (SaFe Day) often have the opportunity to be photographed or videotaped in conjunction with school activities by the teachers or administration of SaFe Day or by members of the media. These images may appear in newspapers, newsletters, newscasts, on the SaFe Day website, displayed at the school, on the SaFe Day or Santa Fe Church Facebook page. When images are used on social media or in the general public, identifying information is not shared (such as children's names). Please indicate if you give SaFe Day consent to use your child's image in these or related manners.

- ☐ I give my consent for the use of my child's image as described above. I understand that 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.

Child's Name:

Printed Parent's Name:

Parent's Signature:

Date:

HEALTH POLICY

The best way to prevent illness is to prevent exposure to it. 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 Santa Fe 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 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 medication prescribed by a doctor during school hours, you must fill out a form granting us permission to administer the medications and provide detailed instructions from the doctor or pharmacy 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 instruction on administering the inhaler.

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

Immunization records are required for each child on or before the first day of class. Please initial here to indicate that you understand this and will provide them: _____

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

Child's Name:

Printed Parent's Name:

Parent's Signature:

Date:

POLICY ACKNOWLEDGEMENT

By signing below, you acknowledge:

- that you have read the Parent Handbook and are fully aware of the policies and purposes of Santa Fe Day School program of Santa Fe Presbyterian Church,
- that you agree to the Health Policy and will adhere to it,
- that you have read and understand all enrollment procedures and requirements,
- that you understand the tuition payment requirements and the late fee policies.

Printed Parent's Name:

Parent's Signature:

Date: