

General Information

Please type or print neatly. Date _____

Student's Name _____ M () F ()

Student's Social Security# _____

Age _____ Birth Date _____ Phone _____

Address _____

City _____ Zip _____

Mother's Name _____

Occupation or Employer _____

Mother's Address (if different) _____

Home Phone # _____

Cell # _____ Business Phone # _____

E-Mail _____

Father's Name _____

Occupation or Employer _____

Father's Address (if different) _____

Home Phone # _____

Cell # _____ Business Phone # _____

E-Mail _____

Who has legal custody? _____

Child lives with: Name(s) _____

Grandparent's Name(s) _____

Address _____

Phone _____

E-Mail _____

Consideration of applicants is given equally regardless of race,
gender, creed, and national or ethnic origin.

Grandparent's Name(s) _____

Address _____

Phone _____

E-Mail _____

Tell us more about your childDoes your child appear to have noticeable speech problems? yes no

If so, describe briefly _____

Is your child's hearing normal as far as you know? yes noDoes your child wear glasses? yes noHas your child ever been referred for, or had, an eye exam? yes noIs there anything pertaining to your child's health, either
past or present, that should be noted? yes no

If so, explain briefly _____

List restrictions, if any _____

Names, addresses, and dates of schools most recently attended:

Important InformationPersons permitted to remove student: Mother yes no
Father yes no**Other person(s) permitted to remove child:**

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Other children in family:

Name _____ Age _____

Name _____ Age _____

HEALTH, IMMUNIZATION, and BIRTH RECORDS

We have been advised by the State of Florida that we must have on file from a licensed physician or authorized agent of a Florida County Health Department, forms attesting that:

- a. Your child is in good health, or that any known irregular condition is under treatment.
- b. Immunizations appropriate to your child's age are up to date or are in the process of being brought up to date.
- c. Copy of your child's Birth Certificate.

These forms must be in our file within two weeks of your child's enrollment date.

Please fill out the following **Field Trip Form, Emergency Information, and Consent to Photograph Sections** included below. In addition, please sign on the line provided, and return to the school as soon as possible. **Your signature must be notarized. (There is a notary in the office for your convenience.)**

FIELD TRIP FORM

In consideration of the facilities provided by **GENESIS SCHOOL** located in New Port Richey, Florida for the educational programs which will be used by (my) (our) child; in further consideration (my) (our) child, _____ having been accepted as a student at **GENESIS SCHOOL**, (I) (we) do hereby release, remise, acquit, and discharge **GENESIS SCHOOL**, and all employees, supervisors, chaperones, and owners from any and all financial liability or obligation while said child is participating in the following activities:

_____ **ALL FIELD TRIPS** (Please initial)

(I) (We) do hereby acknowledge that the activities, which will be included in said activity, have been explained to (me) (us) by **GENESIS SCHOOL** employees and (I) (we) do hereby give (my) (our) informed consent to have _____ participate.

(I) (We) hereby authorize any proper first aid or medical treatment that may be necessary due to any sickness or accident sustained by or occurring to (my) (our) child while on said activity and also to incur any and all expenses due to necessary medical treatment for the health and safety of (my) (our) child.

EMERGENCY INFORMATION: (when parent(s) cannot be reached)

1st Emergency Contact: _____

1st Emergency Phone: _____

2nd Emergency Contact: _____

2nd Emergency Phone: _____

3rd Emergency Contact: _____

3rd Emergency Phone: _____

Student's Physician: _____

Phone: _____

Hospital: _____

Phone: _____

CONSENT TO PHOTOGRAPH: I, the parent/legal guardian of the following minor, give consent to Genesis School to photograph my child for the purposes of school archives, promotions, and publications, both printed and electronic.

_____ (Please initial)

Signature: _____
(Parent or Guardian - this must be notarized)

Date: _____

AFFIDAVIT:

STATE OF FLORIDA, COUNTY OF PASCO

Before me personally appeared _____, who executed the foregoing instrument, and acknowledged to and before me that (he/she) executed said instrument for the purposes therein expressed.

(Seal)

(Notary Signature)