

Today's Date _____ Age of child as of today's date _____

Child's Full Name _____
First Middle Last
(circle name child goes by)

Date of Birth _____ Boy ____ Girl ____

If your child is a current UWACS Student, you do not have to fill out any additional information unless there are changes.

PARENT/GUARDIAN #1

Mr/Mrs/Ms _____ Home Phone _____

Home Address _____ Lives with Student? ____ Yes ____ No

City/State/Zip _____ Billing Party ____ Yes ____ No

Relation to Student _____ Work Phone _____

Employer/Occupation _____ Cell Phone _____

Email: _____

PARENT/GUARDIAN #2

Mr/Mrs/Ms _____ Home Phone _____

Home Address _____ Lives with Student? ____ Yes ____ No

City/State/Zip _____ Billing Party ____ Yes ____ No

Relation to Student _____ Work Phone _____

Employer/Occupation _____ Cell Phone _____

Email: _____

MEDICAL INFORMATION

Name of child's physician or clinic _____

Telephone Number _____

Special physical conditions/allergies we should be aware of: _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I, _____, hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by qualified staff member of the Campus School. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive by right of informed consent such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize the center to take my child to the hospital, and I agree that I will pay all physician's and hospital bills, and the center will not be responsible for them.

Signature of Parent/Guardian _____ Date _____

MEDIA RELEASE

I release the Campus School to photograph and/or videotape my child while participating in daily activities, and to use, for educational purposes, the photograph and/or videotape in photograph displays, or publications showing these daily activities.

Signature of Parent/Guardian _____ Date _____

ACTIVITIES RELEASE

Activities on the UWA Campus within walking distance of the Campus School Yes____ No ____

Activities that include wading/splashing at the UWA Campus School Yes____ No ____

MEDICATION RELEASE

I give my permission to the UWA Campus School to give my child, _____
Chidlren's Tylenol OR Motrin for fever in the case that I cannot be reached immediately.

Signature of Parent/Guardian _____ Date _____

IMPORTANT TO NOTE

Your application will not be considered complete until the \$50 nonrefundable application fee has been paid and your child’s current immunization record is on file. Once both items are received, the director will contact you if there is availability in your child’s age group.

For Office Use Only

Parent/Guardian has paid 50.00 nonrefundable admission fee Yes ____ No ____

Updated shot record is on file Yes ____ No ____