

Church After School Association, Inc.

Parents: "to protect and promote the health and safety" of your child, please supply a **complete** response to every item on this form. The Mississippi Department of Health, Child Care Licensure Branch, requires this information. If the item is not applicable, then please answer "N/A".

Child's Name: _____ DOB: _____
Home Address: _____ SSN: _____
_____ School Name: _____
Home Phone: _____ Attending CASA: School Year ___ Summer ___
Grade (Current) _____ Grade (Completed) _____

Mother's Name: _____ Father's Name: _____
Place of Employment: _____ Place of Employment: _____
Work Address: _____ Work Address: _____
Work Phone: _____ Work Phone: _____
Cell Phone/Pager: _____ Cell Phone/Pager: _____
E-Mail: _____ E-Mail _____

List any special needs of the above child: _____

Read and **INITIAL** the appropriate answer to the following items:

I understand that C.A.S.A. has a liability insurance policy and an excess of insurance policy up to \$5,000 in the event of injury to a child while in the care of C.A.S.A. _____ Yes _____ No

I have been given a copy and have read a copy of the MDH Regulation Summary for Parents: _____ Yes _____ No

A 121 Immunization Compliance Form is on file with the Tupelo Public School district: _____ Yes _____ No

In case of an emergency and the PARENTS cannot be reached, contact the following: (in this order)

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____

The following people are authorized to pick up and drop off my child/children:

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____
4. Name: _____ Phone: _____ Relationship: _____

The following people are **prohibited from** dropping off or picking up my child:

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____

Does your child have any allergies? Please list, including food, if necessary: _____

Complete each of the following sections by **INITIALING** either yes or no:

My child may be photographed at C.A.S.A. and at C.A.S.A. filed trips and off-site activities. _____ Yes _____ No

My child may take approved field trips sponsored by C.A.S.A. _____ Yes _____ No

C.A.S.A. may give my child emergency medical treatment if needed. _____ Yes _____ No

I understand that C.A.S.A. does not administer medication. _____ Yes _____ No

I understand that C.A.S.A. does not carry medical insurance on children. _____ Yes _____ No

I understand that C.A.S.A. may drop a child from the program for excessive misbehavior. _____ Yes _____ No

I have received and understand the policies set forth in the Student Handbook _____ Yes _____ No

Parent/Guardian Signature: _____ Date: _____

C.A.S.A. Director Signature: _____ Date: _____

DIRECTOR USE ONLY: Enrollment Date: ___/___/___ Acceptance Date: ___/___/___ Withdrawal Date: ___/___/___

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work Phone
()	()
Home Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

In addition, I hereby give authority to any adult who represents C.A.S.A. to approve any medical or first aid treatment of said minor in the event of an emergency due to sickness or accident while said minor is in the care of C.A.S.A. I understand I will be responsible for all costs incurred. I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to go on field trips. I release C.A.S.A. and individuals from liability in case off accident during activities related to C.A.S.A., as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____