

**Epiphany E+ Program
EMERGENCY FORM A**

Child's Name _____ DOB _____ GRD/Fall _____

Home Address _____
House Number Street City Zip Code

Email Address (to which program information is sent) _____

Mother's Name _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____

Father's Name _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____

EMERGENCY NAMES, ADDRESSES, PHONE NUMBERS (Not Parents)

List 2 persons who will assume responsibility for your child in a medical emergency if you cannot be reached.

1.	_____	_____	_____
	<i>Name</i>	<i>Address</i>	<i>Phone</i>
2.	_____	_____	_____
	<i>Name</i>	<i>Address</i>	<i>Phone</i>

**PERSONS AUTHORIZED TO TRANSPORT CHILD FROM PROGRAM
(Other Than Parents)**

1.	_____	_____
	<i>Name</i>	<i>Phone</i>
2.	_____	_____
	<i>Name</i>	<i>Phone</i>

PERSONS NOT AUTHORIZED TO PICK UP CHILD FROM PROGRAM

1.	_____	_____
	<i>Name</i>	<i>Relationship</i>
2.	_____	_____
	<i>Name</i>	<i>Relationship</i>

OVER

**Epiphany E+ Program
EMERGENCY FORM B**

Child's Name _____ DOB _____

OTHER IMPORTANT NAMES, ADDRESSES, MEDICAL POLICY AND PHONE NUMBERS

Child's Physician/Clinic _____ Policy _____

Address _____ Phone _____

Child's Dentist _____

Address _____ Phone _____

MEDICAL AUTHORIZATION

If a parent cannot be reached or is delayed in arriving in a medical emergency, I authorize the program's nearest source of emergency medical care to treat my child. I understand that in some medical situations the staff will need to contact the local emergency resources before the parent, child's physician or other adult acting on the parent's behalf.

Parent Signature _____ Date _____

ALLERGY INFORMATION

Food Allergies/Food Restrictions _____

Drug Allergies _____

Insect Sting/Bite Allergies _____

Other Known Allergies (Please elaborate) _____

PHOTO RELEASE

I give permission for my child's photograph to be taken and/or used for promotional purposes by the Epiphany E+ Program.

Parent/Guardian Signature _____ Yes _____ No _____

AGREEMENT:

I hereby grant permission for my child to use all equipment and to participate in all Program activities.

I understand that it is my responsibility to keep the information on this form up to date. The Epiphany E+ Program is not liable if this information is inaccurate or outdated.

Parent Signature _____ Date _____

GENERAL INFORMATION FORM

Epiphany E+ Program

Child's Name _____ Nickname, if any _____ Date of Birth _____ M / F

FAMILY STATUS

Living With: Both Parents / Mother / Father / Other: _____

Number of Brothers: _____ Ages: _____ Number of sisters: _____ Ages: _____

AUTHORIZATION

Are BOTH parents authorized to pick up child from Epiphany E+ Program? YES / NO

If not, please circle below which parent IS AUTHORIZED and which parent IS NOT AUTHORIZED.

MOTHER IS (AUTHORIZED / NOT AUTHORIZED) FATHER IS (AUTHORIZED / NOT AUTHORIZED)

We will release children to authorized adults only. Identification may be requested.

HEALTH HISTORY

Does the child have any dietary or medical needs? Please explain. _____

What medication is your child on, if any? Please describe. _____

State or explain any history of emotional problems. _____

What, if any, learning difficulties has the child manifested? _____

OTHER

With other children he/she tends to be: (Please circle 1 or 2 of the following which best describes your child).

Shy Bullying Quiet Loud Aggressive A Leader A Follower Non-Participant

He/She makes friends: Easily____ Fairly Easily____ With Difficulty____ Gets along well with other children? YES / NO

What responsibilities does he/she have at home? _____

What form(s) of discipline is (are) used at home? _____

What forms of discipline are most effective? _____

Is there anything that you are aware of that would help us to become better acquainted with your child? Explain.

Please list your child's special interests and favorite activities. _____

What are your expectations of our Program in relation to your child? _____

Is there any additional information you wish to share so that we might meet your child's needs more effectively?

We encourage all parents to participate in the program. Please list any skills, hobbies or donations you would be willing to share with the children and staff. (Thank You!!).
