



# FAITH ACADEMY

EARLY CHILDHOOD EDUCATION

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Admission Date/Start Date: \_\_\_\_\_

Nickname/Prefers to be called: \_\_\_\_\_ Gender: \_\_\_\_\_ Potty Training? \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Mother's/Guardian's Email: \_\_\_\_\_

Mother's/Guardian's Address: \_\_\_\_\_

Mother's Guardian's Employer/School Attending: \_\_\_\_\_

Employer/School Attending Address: \_\_\_\_\_

Employer/School Attending Phone: \_\_\_\_\_

Typical Work/School Schedule: \_\_\_\_\_

.....  
Father's/Guardian's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Father's/Guardian's Email: \_\_\_\_\_

Father's/Guardian's Address: \_\_\_\_\_

Father's Guardian's Employer/School Attending: \_\_\_\_\_

Employer/School Attending Address: \_\_\_\_\_

Employer/School Attending Phone: \_\_\_\_\_

Typical Work/School Schedule: \_\_\_\_\_

Emergency Contact /Authorized To Take Child from Faith Academy



(other than parent, at least one required)

1.Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2.Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

.....  
In case of an emergency, please list physician and hospital information:

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Please list any medical conditions or regular medications we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

.....  
Comments on Child's Development (allergies, siblings, habits, behavior patterns, fears, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Faith Academy will be open 6am-6pm, Monday-Friday. We offer a 2-day program, 3-day program and 5-day program. Please indicate which days/times you prefer to register.

Mondays \_\_\_\_\_ Tuesdays \_\_\_\_\_ Wednesdays \_\_\_\_\_ Thursdays \_\_\_\_\_ Fridays \_\_\_\_\_

Please choose your preferred location for attendance: Earth City or Sunset Hills

Please sign the following acknowledgements and agreements:



## **RELEASE OF CLAIMS AND AUTHORIZATION FOR EMERGENCY CARE**

I, \_\_\_\_\_, represent that I am the parent or legal guardian of \_\_\_\_\_, a minor ("Minor") and that I have read this Release of Claims before signing it.

I consent to the Minor's attendance at Faith Academy Early Childhood Education Center, Inc. ("Faith Academy") and participation in all activities and events of Faith Academy (collectively, the "activities"). I understand that, although Faith Academy was founded by Faith Church St. Louis.com, Inc. ("Faith Church") and is supported in part by Faith Church, Faith Academy and Faith Church are entirely different legal entities, and Faith Church does not conduct or oversee the activities and is not responsible for the actions of Faith Academy or any liabilities of Faith Academy.

I agree, individually and on behalf of Minor, to release and to hold harmless Faith Academy and Faith Church and their respective trustees, officers, employees, volunteers, and agents from liability of any kind, for any harm to the Minor or damage to or loss of Minor's personal property, resulting directly or indirectly from Minor's attendance at Faith Academy or participation in the activities. I personally assume all risks and liabilities in connection with Minor's attendance and participation in the activities and agree to indemnify Faith Church and Faith Academy and their respective trustees, officers, employees, volunteers, and agents, against any liability assessed against any of them as a direct or indirect result of Minor's attendance or participation. This release includes all risks and liabilities connected with the Activity, whether foreseen or unforeseen.

I consent to Faith Academy photographing and/or recording the Minor while attending Faith Academy, including while participating in any of the activities, and I agree that any photographs or recordings of the Minor taken by Faith Academy are the exclusive property of Faith Academy for use by Faith Academy as it sees fit. Neither the Minor nor I shall be entitled to any compensation for such use.

If the Minor is injured while attending Faith Academy or during any of the activities, and I am unable to provide consent to his or her medical treatment, I authorize Faith Academy to consent on my behalf to the performance of any and all medical treatment judged necessary by Faith Academy, until I am able to provide consent or until someone legally able to speak on Minor's behalf is made available. I agree, individually and on behalf of Minor, to release, indemnify, and hold Faith Academy and Faith Church and their respective trustees, officers, employees, volunteers, and agents harmless from any liability which may be assessed against any of them as a direct or indirect result of said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**PHOTO/VIDEO WAIVER:**

The undersigned acknowledges, appreciates and willingly agrees that:

I do hereby give FAITH ACADEMY and FAITH CHURCH, its assigns, licensees, and legal representatives the irrevocable right to use my child's name, picture, portrait, image, video or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith. In addition, I acknowledge that my child will be viewed by camera feed by other parents in my child's classroom and give permission for my child to be videoed and viewed through the password protected website: [www.faithacademystlouis.com](http://www.faithacademystlouis.com).

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

I hereby grant permission grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for the teacher or director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact the child's parent or guardian through any of the persons listed on any part of the application.

If attempts to contact immediate family and child's doctor fail, Faith Academy will

Call another physician or paramedic.

Call an ambulance.

Have the child taken to an emergency hospital in the company of a staff member.

Any expenses incurred will be the responsibility of the child's family.

The school will not be responsible for anything that may happen as a result of false information given on this application or at the time of enrollment.

I, , hereby give permission for FAITH ACADEMY to call a physician, secure necessary medical care, including the administration of anesthesia if surgery is advised by a physician and to otherwise act on my behalf when I cannot be reached and/or when delay would be dangerous, in order to protect my child, in case of illness or accident.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**ILLNESS POLICY:**

For the protection of our children and teachers' health, we ask that you keep your child home if he or she displays any of the following:

- \*Nasal discharge that is accompanied by sneezing and/or coughing (colds are most commonly spread by air droplets from sneezing and coughing.)
- \*Cough that is wet or persistent enough to limit his/her activity, especially if accompanied by other symptoms (runny nose, sneezing, etc.).
- \*Temperature of 100 degrees or greater within the past 24 hours.
- \*Vomiting one or more times in the previous 24 hours.
- \*Diarrhea in the previous 24 hours.
- \*Conjunctivitis or pink eye. Defined as pink or red eyes with white or yellow discharge, often with matted eyelids after sleep.
- \*Head lice - Keep at home until all nits (eggs) have been removed.
- \*Rash with fever or behavior change within the previous 24 hours including poison ivy or chicken pox (until seen by a physician who determines the illness is not communicable; Doctor's NOTE requested).
- \*Streptococcal infection, until 24 hours after treatment has been initiated.
- \*Diagnosis of Hand-Foot-Mouth or RSV must accompany a doctor's note before the child can return to Faith Academy.

The need to send a child home from school shall be at the discretion of his or her teacher in cooperation with the Director. We want to keep your child, the classmates, and the teachers as healthy as possible. Medication will only be administered if accompanied by a Medication Authorization Form. There are NO exceptions to this policy.

I/We have read the above Illness Policy and agree to its regulations.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_



**SPECIAL SNACKS/PARTIES:**

I hereby grant permission for \_\_\_\_\_ to participate in any special snacks/treats. I understand this may also include treats brought in by others or even those provided by Faith Academy. By signing this form I hereby acknowledge that **my child has NO food type allergies or dietary restrictions** and is able to participate in any special treats/snacks that may be provided throughout the year. (For students with food allergies, please refrain from signing this waiver and submit allergy information on the Medical Authorization Form.)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_