701 Ginesi Drive, Morganville, NJ 07751
Cell: 732.991.4140
Office: 732.851.6427
E-mail: geniuskids701@gmail.com
Web: www.genius-kids.us

REGISTRATION FORM

CHILD	Name of Child	
	Date of Birth	
	Mother's Name	
	Father's Name	
	Home Address	
	Home Phone	
	Allergies	

		MOTHER	FATHER
WORK	Name of Business		
	Business Address		
	Work Phone		
	Cell Phone		
Email Address			
Driver's License #			

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.

		CONTACT#1	CONTACT #2
EMERGENCY	Name		
	Phone		
	Relationship		
	Address		

Choose your program: ☐ 5 days ☐ 4 days ☐ 3 days ☐ 2 days ☐ 1 day

Full day Program ☐ Half day Program ☐

Drop off time: Pick up time:

CHILD CARE EMERGENCY CONTACT INFORMATION AND CONSENT FORM

Child's Name:_____Birth Date: _____

Address: _____

Parent/Guardian #1 Name: _____

Telephone: Home_____Work_____ Cell _____

Parent/Guardian #2 Name: _____

Telephone: Home_____Work_____ Cell _____

EMERGENCY CONTACTS (to whom child may be released if guardian is unavailable)

Name #1:_____Relationship:_____

Telephone: Home_____Work_____ Cell _____

Name #2:_____Relationship:_____

Telephone: Home_____Work_____ Cell _____

CHILD'S PREFERRED SOURCES OF MEDICAL CARE

Physician's name: _____

Address:_____Telephone: _____

Dentist's name: _____

Address:_____Telephone: _____

Hospital name: _____

Address:_____Telephone: _____

Ambulance Service: _____

Telephone: _____

(Parents are responsible for all emergency transportation charges) CHILD'S HEALTH INSURANCE

Insurance Plan:_____ID # _____

Subscriber's Name (on insurance card): _____

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION

_____

_____

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact person listed above to **ACT ON MY BEHALF** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent/Guardian Signature:_____Date: _____

Parent/Guardian Signature:_____Date: _____

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: *American Academy of Pediatrics, New Jersey Chapter*
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name *(Last)* *(First)*		Gender Male ☐ Female ☐	Date of Birth / /
Does Child Have Health Insurance? ☐ Yes ☐ No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
☐ ***I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.***			
Signature/Date	This form may be released to WIC. Yes ☐ No ☐		

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER		
Date of Physical Examination:	Results of physical examination normal? Yes ☐ No ☐	
Abnormalities Noted:	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	Immunization Record Attached Date Next Immunization Due:	
MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care ☐ Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care ☐ Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care ☐ Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care ☐ Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care ☐ Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care ☐ Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/ concerns:	None ☐ Special Care ☐ Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	None ☐ Special Care ☐ Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: Venous Capillary			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

CH-14 SEP 08 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

All policies and procedures are outlined in the Parent Handbook and at www.genius-kids.com

PARENT
RECEIPT OF INFORMATION:

- ☐ Information to Parents Document
- ☐ Policy on the Release of Children
- ☐ Positive Guidance and Discipline Policy
- ☐ Policy on Methods of Parental Notification
- ☐ Policy on Communicable Disease Management
- ☐ Expulsion Policy
- ☐ Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Child(ren)'s Name: _____

Parent/Guardian's Name: _____

_____ _____

Signature Date

Photographs, Videos and Interviews

*(Please sign **one**)*

I give permission for my child to be photographed, videotaped and/or interviewed for the promotion of Genius Kids. I also give permission for my child's work to be published on any advertising media. This may include and is not limited to Genius Kids Facebook, Instagram posts, website or any internet or print media, and will remain the property of Genius Kids.
This consent is intended to release all personnel from any claim arising out of the use of such photograph, video and/or interview.

_____

I give permission for my child's **WORK ONLY**, to be published on any advertising media, I **do not** give permission to post any photos or videos of my child. I understand that my child will be cropped out or hidden in any photos.

_____

I DO NOT give permission for my child's work, photos or videos to be published on any print or advertising media.

_____