

Tuckston Learning Center
4175 Lexington Road • Athens, Georgia, 30605

Child/Family Information Form

Please complete the following information. We hope you will update it when needed.

Family Information

Name of Child: _____

Date of Birth (mm/dd/year): _____ Sex of Child: _____

Name of Parent/Guardian: _____ Home Phone _____

Home Address: _____

Parent/Guardian Information: *

1. _____
Name Cell phone Work phone

Email Address

2. _____
Name Cell phone Work phone

Email Address

Is there a parental separation or divorce custody situation of which the Tuckston Learning Center staff should be aware? If yes, please explain. _____

**If there are issues regarding legal guardianship, please provide us with the proper documentation.

Others in your household:

Siblings (names and their ages): _____

Other adults (names and relationship to child) _____

Talents and Interests

Talents or interests parent/guardian would like to share with class _____

Permission to Pick Up Child

List people who have permission to pick your child up from TLC.

<u>Name</u>	<u>Relationship to Child</u>	<u>Phone Number</u>

List people who **do not** have permission to pick your child up from TLC.

<u>Name</u>	<u>Relationship to Child</u>

Allergies

Does your child have any allergies? If yes, please identify and explain. _____

Medication

Does your child take medication? If yes, please state the name and dosage. _____

Medical/Developmental Information

Does your child have any medical or developmental concerns we should be aware of?
If yes, please explain. _____

Other

Please note any information or concerns you have that might be helpful to Tuckston Learning Center staff.

Emergency Contacts

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A.	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
B. Child's Doctor: _____		Phone _____	
C. Hospital Preference: _____			

Parental Consent for Medical Care

In the event of an illness or accident which requires immediate medical care at a time when a parent cannot be contacted, I give permission for Connie Bowen, Director, Tuckston Learning Center, or other school personnel designated by the director, to authorize such treatment. This agreement is made with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

Signature _____ Date _____
 (Parent or Legal Guardian)

Insurance Information Policy Holder Name _____

Insurance Provider _____ ID# _____ Group# _____

Parent Agreement

I understand it is my responsibility to read the Tuckston Learning Center Parent Handbook and abide by the stated policies.

I understand that payment for registration is non-refundable.

I understand that tuition is the same each month regardless of holidays or vacations.

School hours are 9:15 to 11:45 for 1 year olds, 9:00-12:00 for 2', 3's, and Pre-K.

Signature _____ Date _____ rev. 2/09