

www.safarikidslearningcenter.com

**SAFARI HOURLY DROP-IN**

Application & Medical Information



**Safari Kids Learning Center**  
24936 Katy Ranch Rd  
Katy , TX 77494  
Tel.: 832 583 9700/9800  
Email. safariparkalc@gmailcom  
Directors Name:

Date of Application

Registration Fee of \$40/family is required with this application

**Parent/legal Guardian Information**

**Fathers/Legal Guardian Name:** \_\_\_\_\_

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

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Mother/Legal Guardian Name:** \_\_\_\_\_

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

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Emergency Contact (Name and Address): \_\_\_\_\_

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

I hereby authorize the childcare operation to allow my child to leave the childcare operations ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID:

\_\_\_\_\_  
\_\_\_\_\_

Full name of each child	Birth Date	Sex	Hygiene (circle one)		
			Diaper	Training	Trained
			Diaper	Training	Trained
			Diaper	Training	Trained
			Diaper	Training	Trained
			Diaper	Training	Trained

List any special problem that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

I acknowledge receipt of the facility's operational policies including those of discipline and guidance.

\_\_\_\_\_  
Signature – Parent or Legal Guardian

\_\_\_\_\_  
Date



## AUTHORIZATION OF EMERGENCY MEDICAL ATTENTION

Childs Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy/Group#: \_\_\_\_\_

Details of any Allergic Reactions: \_\_\_\_\_

\_\_\_\_\_

Details of serious injuries or operations: \_\_\_\_\_

\_\_\_\_\_

Please specify any other medical condition which we should be aware of and could limit your child's activities: \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Current Medication: \_\_\_\_\_

I hereby state that the above named child is in good health and fully able to participate in all the activities except those which I have mentioned above. In the event of an emergency where I could not be contacted, I hereby give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Parents/ Guardians signature

\_\_\_\_\_  
Date



**Safari**  
KIDS LEARNING CENTER

**HEALTH & IMMUNIZATION INFORMATION**

**Name of the child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SCHOOL AGE CHILDREN**

My child attends the following school:

\_\_\_\_\_  
Name of the School

\_\_\_\_\_  
School Phone #

His/her immunization record is on file at the school and all required immunization and/or tuberculosis test are current. Vision and Hearing screening records are also on file

**IMMUNIZATION RECORDS:**

I have provided the children operation with a copy of my child's most current immunization record.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of this application.

Please check only one option:

1.  **HEALTH-CARE PROFESSIONAL STATEMENT:** I have examined the above named child within the past year and find that he/she is able to take part in the daycare program.

\_\_\_\_\_  
Health Care Professional's Name

\_\_\_\_\_  
Date

2.  A signed and dated copy of health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4.  My child has been examined within the last year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name, address and phone number of health care Professional:

\_\_\_\_\_  
Signature – Parent or legal Guardian

\_\_\_\_\_  
Date

<b>VISION</b>	<b>R 20/</b>	<b>L 20/</b>	<input type="checkbox"/> <b>PASS</b>	<input type="checkbox"/> <b>FAIL</b>
<b>SIGNATURE</b>		<b>DATE</b>		
<b>HEARING</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>	<b>PASS</b> <input type="checkbox"/>
<b>R</b>				<b>FAIL</b> <input type="checkbox"/>
<b>L</b>				
<b>Signature:</b>			<b>Date:</b>	

\_\_\_\_\_  
Signature – Parent or legal Guardian

\_\_\_\_\_  
Date:



## RELEASE FORMS

### **RELEASE OF LIABILITY**

Release of Liability for \_\_\_\_\_ (Child's name)

I, the minor's parent and/or legal guardian, understand the nature of the activities and the minor's experience and capabilities and believe the minor to be in good health and physical condition to participate in such activities. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless "Safari Daycare & Entertainment Center LLC" from all liabilities for claim, demands, losses, or damages to the minor account caused or alleged to be caused, in whole or in part, by the negligence of the 'releasees' or otherwise, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

I have read the release of liability and understand the program and give permission for my child to participate.

\_\_\_\_\_  
Parents/Guardians signature

\_\_\_\_\_  
Date

### **MEDIA RELEASE**

I understand that during the course of this program my child (\_\_\_\_\_) could be photographed, filmed, or videotaped during some of the summer camp activities

I grant permission to Safari Daycare & Entertainment Center LLC to use some of those materials for its marketing materials that this program may create.

\_\_\_\_\_  
Parents/Guardians signature

\_\_\_\_\_  
Date