Portland Martial Arts and Fitness Academy

CHILD CARE PROGRAM ADMISSION INFORMATION

DATE		

Portland Martial Arts and Fitness Academy, Inc. Israel Martinez Child's Date of Birth Child's Home Telephone No. Mais Female Child's Home Address	Operation Name					Director's Name			
Chids Home Address Date of Withdrawal Email Parent/Guardian 1 Name Cell # Address (if different from chid's address) Employer Email Address (if different from above) Parent/Guardian 2 Name Cell # Address (if different from chid's address) Relationship Employer Email Address (if different from above) Parent/Guardian 2 Name Cell # Address (if different from chid's address) Relationship Employer Email Address (if different from above) Emergency Contact Name Phone # Address (if different from above) Emergency Contact Name Phone # Address (street, city, state, zip) Relationship I hereby authorize Portland Martial Arts and Fitness to allow my child to leave the operation 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. Name Phone Name Phone Phone Phone Phone Phone Phone Phone Phone Name Phone Name Phone Phone Phone Phone Phone Phone Phone Phone Name Phone Name Phone	Portland Martial Arts and Fitness Academy, Inc.				<u> </u>				
Date of Admission Date of Withdrawal Parrent/Guardian 1 Name Cell # Address (if different from child's address) Relationship Employer Email Address (if different from child's address) Parrent/Guardian 2 Name Cell # Address (if different from child's address) Relationship Employer Email Address (if different from child's address) Relationship Employer Email Address (if different from child's address) Relationship Employer Email Address (if different from child's address) Relationship Employer Email Address (if different from child's address) Relationship I hereby authorize Portland Martial Arts and Filines to allow my child to leave the operation 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. Name Phone Name Phone Name Phone Address (if different from child's address) Relationship	Child's Full Name					Child's Date of Birth	Child's Home Telepho	one No.	
Date of Admission Date of Withdrawal Parent/Guardian 1 Name Cell # Address (if different from above) Employer Email Address (if different from above) Parent/Guardian 2 Name Cell # Address (if different from above) Parent/Guardian 2 Name Cell # Address (if different from above) Email Address (if different from above) Emergency Contact Name Phone # Address (if different from above) Emergency Contact Name Phone # Address (if different from above) Emergency Contact Name Phone # Address (street, city, state, zip) Relationship I hereby authorize Portland Martial Arts and Fitness to allow my child to leave the operation 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. Name Phone Name Phone								☐ Female	
Parent/Guardian 1 Name Cell # Address (if different from child's address)	Child's Home Address				City		State	Zip	
Parent/Guardian 1 Name Cell # Address (if different from child's address)									
Relationship Employer Email Address (if different from above) Emeror Guardian 2 Name Cell # Address (if different from child's address) Employer Email Address (if different from above) Emeror Guardian 2 Name Phone # Address (if different from above) Emeror Guardian 2 Name Phone # Address (if different from above) Emeror Guardian Atts and Fitness to allow my child to leave the operation ONLY with the following persons. Please list name & telephone number for each. Children will conty be released to a parent or a person designated by the parent/guardian after verification of ID. Name Phone Name Phone Phone Name Phone Name	Date of Admission	Date of	Withdraw	al	Email				
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Parent/Guardian 2 Name	Parent/Guardian 1 Name 		Cell #		Addr	ess (if different from chil	d's address)		
Parent/Guardian 2 Name	D. Left con als in		F						
Relationship Emergency Contact Name Phone # Address (street, city, state, zip) Relationship Thereby authorize Portland Martial Arts and Fitness to allow my child to leave the operation 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. Name Phone Name N	Relationship 		i ⊨mpioye I	er	Emai	Email Address (if different from above)			
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Emergency Contact Name	Taleny Guardian 2 Name		Cell #		Addi	ess (il dillerent nom chil	u s audiess)		
Emergency Contact Name	Relationship		Employe	er	Fmai	l Address (if different fro	m above)		
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CHECK ALL THAT APPLY: 1 hereby give do not give employees and have read the Transportation Policy in the Operational Policies manual:	I hereby authorize Portland Mart	al Arts a	nd Fitness	to allow my c	hild to leav	e the operation ONLY w	ith the following person	s. Please list name &	
CHECK ALL THAT APPLY:			only be re	i .	arent or a p	-	-		
### TRANSPORTATION: Greenergency care	Name	Phone		Name		Phone	Name	Phone	
### TRANSPORTATION: Greenergency care									
### TRANSPORTATION: Greenergency care									
Operational Policies manual: for emergency care	CHECK ALL THAT APPLY:	I her	eby 🔲 g	jive 🔲 do n	not give	consent for my child	to be transported by t	he operation's	
for emergency care	1. TRANSPORTATION:				-			on Policy in the	
2. FIELD TRIPS:						Operational Policies	manual:		
Tacknowledge that some field trips may require additional consent forms and the academy will provide those. Address: Field Trip Policy in the Operational Policies manual: Consent forms and the academy will provide those.			for eme	rgency care	on	field trips	om school		
Tacknowledge that some field trips may require additional consent forms and the academy will provide those. A	2. TIELD TRIPS:	I her	eby 🔲 g	give 🗌 do	not give	consent for my child	to participate in Field	Trips and have read the	
3. WATER ACTIVITIES:									
the Water Activities Policy in the Operational Policies manual: sprinkler play splashing/wading pools swimming pools water table play	☐ I acknowledge that some field trips may require additional consent forms and the academy will provide those.								
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: 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 signature - Parent or Legal Guardian. Signature - Parent or Legal Guardian.	3. WATER ACTIVITIES: I hereby give do not give consent for my child to participate in Water Activities and have read								
4. RECEIPT OF OPERATIONAL POLICIES: I acknowledge that I have read and agree to the Operational Policies including those for discipline and guidance, property damage, weapons use, illness, sunscreen, lunch, clothing/uniforms, sign in/out and late pickup. 5. FOOD AND SNACKS: I understand that the following snacks will be served to my child while in child care and have read the Food and Snacks Policy in the Operational Policies manual: AM Snack PM Snack 6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES: Tuesdays from: to: Wednesdays from: to: Thursdays from: to: Thursdays from: to: AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: 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: Address: Ph.#: Name of Emergency Medical Care Facility: Address: Ph.#: I give consent for the facility to secure any and all necessary emergency medical care for my child. Signature - Parent or Legal Guardian									
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Mondays from: to:									
Tuesdays from: to: Wednesdays from: to: Thursdays from: to: Fridays from: to: Fridays from: to: AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: 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: Ph.#: Name of Emergency Medical Care Facility: Address: Ph.#: I give consent for the facility to secure any and all necessary emergency medical care for my child. Signature - Parent or Legal Guardian			ON THE FC		AYS AND	TIMES:			
Wednesdays from: to:									
Thursdays from: to: Fridays from: to: Thursdays from: to: Th									
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Name of Emergency Medical Care Facility: I give consent for the facility to secure any and all necessary emergency medical care for my child. Signature - Parent or Legal Guardian		eu io ilia	ike allalig	1		medical care, I author	ize the person in tha	-	
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I give consent for the facility to secure any and all necessary emergency medical care for my child. Signature - Parent or Legal Guardian	Name of Emergency Medical C	are Fac	ility:	Δddra	266.			Ph #·	
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necessary emergency medical care for my child. Signature - Parent or Legal Guardian	Laive consent for the facility to	COOUTO	any and a						
Signature - Parent or Legal Guardian									
List any medical issues that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations	List any modical increase that we								

List any medical issues 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 (please check NONE if applicable):

☐ NONE

CHILD CARE PROGRAM ADMISSION INFORMATION

SCHOOL AGE CHILDREN:	
My child attends the following public/private school:	
Name of School and Address	School Phone
My child's immunization record is on file at the above named school and all required immunizations records are also on file at the above named school.	s are current. Vision and Hearing screening
FINANCIAL OBLIGATION:	
☐ I have read and agree to all financial obligations defined in the Operational Policies manual related ☐ Summer Camp Program ☐ After-School Program	to my student's attendance in:
I have read and agree to the Cancellation policy as defined in the Operational Policies manual relaprogram.	ted to my student's attendance in the above
I have read and agree to the Declined Credit Card policy as defined in the Operational Policies man above program.	nual related to my student's attendance in the
PAYMENT OPTION CHOICE (After School Program only):	
I have selected the following payment option. I understand that this option cannot be changed during my School Program.	y child's attendance in the 2019-2020 After
Option 1: Pay weekly Option 2: Pay bi-weekly	
AGREEMENT OF RELEASE:	
I am giving the above named student(s), permission to participate in the described supervised, organiz Arts & Fitness Academy, Inc. I understand and am aware that such activity involves a risk of injury are participate in this activity. I hereby agree to expressly assume and accept any and all risk of injury for the above activity. I do hereby and forever discharge, release, indemnify and hold harmless Portland I including their employees, for and on behalf of myself and my minor child(ren) and our respective hei liability, rights of action, causes of action, losses, claims, demands, cost and expenses for damages and conjunction with me or my child(ren)'s participation in this activity.	nd that I am voluntarily giving permission to myself or my child(ren)'s participation in Martial Arts & Fitness Academy, Inc., rs, successors and assigns, from any and all
Signature – Parent or Legal Guardian	Date