

ROCK ZONE AFTER SCHOOL

Rock Zone School Of Music
11902 Lebanon Rd. Mt. Juliet, TN 37122
615.562.0070 www.rockzoneafterschool.com

School: _____
Child's Name: _____
Home Address: _____
Mother's Name: _____
Work Phone: _____ Cell Phone: _____
Father's Name: _____
Work Phone: _____ Cell Phone: _____
Best Email: _____
Emergency Contact: _____

PICK-UP AUTHORIZATION

Other than those listed above, who may pick up your child:
(Must be 18 years of age or older.)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

I give permission for my child to participate in all activities planned and
conducted
by Rock Zone School Of Music's After School Program.

Parent/Guardian Signature Date

PLEASE INITIAL IN DESIGNATED SPACES CHILD MEDICAL INFORMATION

When did your child last see a doctor (List month, date, year): _____
Immunization records are on file at (List full school name): _____
Physician's name: Phone: _____
Physician's address: _____
Hospital of choice: _____
Health insurance provider: _____
Phone: _____
Insurance ID: Group #: _____

HEALTH HISTORY

Does your child have any allergies or medical conditions that should be considered?

___ Yes ___ No If yes, please specify:

Are there any special instructions from you or the child’s doctor as to treatment at the childcare site?

___ Yes ___ No If yes, please specify:

Does your child require one-on-one or additional assistance? (If your child has an IEP, please attach a copy for review.)

___ Yes ___ No If yes, please specify:

PLEASE INDICATE ANY OF THE FOLLOWING:

This is not applicable to my child (parent initial): _____

___ Medical condition/diagnosis:

___ Chronic illness:

___ History of serious injury/hospitalizations:

___ Special dietary needs:

___ Physical restrictions:

PLEASE INDICATE ANY MEDICATIONS TAKEN ROUTINELY:

This is not applicable to my child (parent initial): _____

Medication: _____ Taken for: _____

Medication: _____ Taken for: _____

PLEASE INDICATE ANY KNOWN ALLERGIES:

This is not applicable to my child (parent initial): _____

Allergies: _____

STATEMENT OF UNDERSTANDINGS AND PERMISSIONS

1. _____ My child has permission to participate in all RZ activities, including field trips and transportation services where applicable. I will be notified of all field trips in writing in advance.

2. _____ I grant permission for photographs/videos, which include my child to be used in media releases.

3. _____ In the event of an emergency, I hereby grant permission to the RZ staff to secure the proper medical treatment for my child. In the event that I cannot be reached, I hereby give permission to the physical selected by the RZ or order x-rays, routine tests and treatment for the health of my child. I give permission to the physician selected by the RZ to hospitalize, secure proper

treatment for and to order injection and /or anesthesia and /or surgery for my child after all emergency contact attempts have been made.

4. _____ I understand that all children enrolled in the program are expected to follow the rules established by the staff and children, for the purpose of safety and smooth operation of the program. If a discipline problem occurs, I will be contacted by the Program Director. The discipline procedures that will be followed are:

- 1) verbal warning
- 2) redirection
- 3) Site Directors notified / meeting with child and caregiver
- 4) parents notified.

5. Suspension from our program for one to five days can occur if the following inappropriate behavior is used:

- 1) harming another child or staff person
- 2) stealing
- 3) damaging or destroying property
- 4) using foul language
- 5) Being totally disruptive and/or uncontrollable in a group setting.

6. I understand my child or I may be asked to complete survey information regarding the program/classes for evaluation purposes and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records and standardized test scores for evaluation purposes.

7. I give my child's school board/district permission to share school data for my child with the RZ. I give the RZ permission to use my child's school data to align their program's academic support to better meet my child's needs. The completion of this form officially enrolls my child in the RZ After School. It is my responsibility to update the information contained in this form as needed.

Parent signature: _____ Date: _____