



Shaping Your Child's Heart, Soul & Mind

Registration Information

Permission and Consent:

Permission to Release Information: I understand that the time my child, _____, is in the facility that the director may be asked for information regarding my child.

_____ Yes, I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other government officials.

_____ No, I do not give permission to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of Services for Child Care has access to my child's record as the licensing agent.

Parent/Guardian signature: _____ Date: _____

Photograph Release: As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the school year for publicity, promotional and/or educational purposes (including publications, presentations, or broadcast via newspaper, internet, such as Facebook or school website, or other media sources). Only first names and possible last initials (in the event of two or more children with the same first name) may be displayed with photograph. I do this with full knowledge and consent and waive all claims for compensation for use or damages.

_____ Yes, I give consent _____ No, I do not give consent

Field Trip Permit: I understand that during the year my child may take part in field trips and educational excursions, either by private car (parents must take child) or on foot. I further understand that my child will be chaperoned by a responsible adult at all times while away from the facility. Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child's caretaker, members of the New Song Christian Academy facility or New Song Church and its employees, nor any participating adult responsible.

_____ Yes, I give permission for my child to take part in aforementioned field trips.

_____ No, I do not wish for my child to take part in aforementioned field trips.

Policies and Procedures Agreement: I have read the academy policies and procedures packet and accept and agree to abide by the policies and procedures set forth within.

Parent/Guardian Signature: _____ Date: _____



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Consent for Medical Treatment: In an emergency, New Song Christian Academy has my permission to call an ambulance or take my child to any available physician or hospital at my expense: YES / NO

In an emergency, my child may receive first aid: YES / NO

In an emergency, the above named person has my permission to call Dr. _____ at: _____ (phone number) and, if necessary, I give consent to any doctor or hospital to administer medical or surgical treatment and care for my child at my expense: YES / NO

Signature of custodial parent: _____ Date: _____

Medication Release:

Are you requesting any medication to be administered at/by school? YES / NO (If yes, a completed medication authorization form must be on file in the student's records. Please see the director for details.

NAC 372.2 (a) Consulting with physicians or registered nurses regarding the health of the child: Parent or Guardian agrees for provider to consult with a nurse or a physician in regards to child(ren)'s health as needed for his/her clarification. In the event that we should have questions regarding the health of any child we may contact one, or more, of the following sources for information:

List your child's doctor and phone number: _____

Hospital and phone number: _____

Clark County Health District: (702) 759-1301

Signature of parent or guardian: _____ Date: _____

NRS 178 I, _____, (parent/guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

Signature of parent or guardian: _____ Date: _____