



Aleph Academy

Child’s Name: _____

First Day of Care: _____

Child’s Home Address: _____

Sex: ___ Birth date: _____

Father’s Name: _____ Employed By: _____

Bus. Address: _____

Home Address: _____

Home Tel.: _____ Business/Cell Tel.: _____

Mother’s Name: _____ Employed By: _____

Bus. Address: _____

Home Address: _____

Home Tel.: _____ Business/Cell Tel.: _____

Person(s) Authorized to take child from facility not listed above:

Name: _____ Address: _____ Tel.: _____

Name: _____ Address: _____ Tel.: _____

In case of an illness or accident not serious in nature but which my child would be better off at home, please call (in this order) a. _____ b. _____
c. _____ -or- d. _____

CONSENT FORM

Medical Information in Case of Emergency:

Name of Carrier: _____ Policy Number: _____

My child has the following health conditions: _____

My child takes the following medication: _____

1. I do hereby authorize that all of the above information is correct and that my child is fully able to participate in the routine program and does not have a contagious disease. In the event of an emergency, I hereby consent and authorize Aleph Academy/Chabad and its agents to seek medical help and provide transportation for my child if necessary, at my expense. I understand that I will be notified as soon as possible.
2. I understand a current immunization record and physician's statement of good health are required. Failure to provide these records may result in dismissal from the program.
3. I understand that all childcare workers are mandated by law to report suspicion of child abuse or neglect.
4. I understand that pictures taken of my child may be used for advertising.

I, the undersigned, as parent/guardian of _____, for and in consideration of the agreement with Aleph Academy and Chabad of Northern Nevada release, acquit, discharge and hold harmless Aleph Academy and Chabad of Northern Nevada and its agents, employees, representatives, successors and assigns, for all manners of claims, demands and damages of every kind and nature whatsoever, which the undersigned my now or in the future have against Aleph Academy/Chabad of Northern Nevada and its agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person and the treatment thereof, as successors or assigns, including but not limited to their negligence or gross negligence in executing the services above described or in any way incidental thereto. I, the undersigned, do hereby release, indemnify, and hold harmless Aleph Academy/Chabad of Northern Nevada and its affiliates, agents and subsidiaries from any and all actions or claims as a result of any injuries to my child or any other children while participating in Aleph Academy.

Parent/Guardian Signature: _____ **Date:** _____