



Jump-Start Christian Academy

29706 FM 1093 Fulshear, TX 77441

jumpstartchristian@yahoo.com

www.jumpstartca.com

281-533-0750

REGISTRATION FORM

CHILD'S INFORMATION

Child's Full Name: _____ Birth Date: ____/____/____

SS #: _____ M/F: _____ Race: _____

Weight: _____ Height: _____ Eye Color: _____ Hair: _____

Address: _____ Home Phone: _____

City: _____ State: _____ PC/Zip Code: _____

Nickname: _____

PARENT/GUARDIAN INFORMATION

Mother's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ PC/Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Pager or Cellular Phone: _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License # _____

E-Mail: _____

Father's Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ PC/Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Pager or Cellular Phone: _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License # _____

E-Mail: _____

Parent/Guardian with legal custody _____

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___



Jump-Start Christian Academy

29706 FM 1093 Fulshear, TX 77441

jumpstartchristian@yahoo.com

www.jumpstartca.com

281-533-0750

Other Household Members:

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

CHILD PICK-UP INFORMATION

Please list those persons who *** Have Permission*** to pick up your child.

***NOTE: Anyone picking up your child must have picture ID.**

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please list those persons who ***Do Not Have Permission*** to pick up your child.

Please explain the reason below or talk to your caregiver so she is aware of the situation.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Reason person is not allowed to pick up your child:

Name: _____ Reason: _____

Name: _____ Reason: _____

EMERGENCY INFORMATION

1. Child's Physician: _____ Phone: _____

2. Preferred Hospital: _____ Phone: _____

3. Child's Dentist: _____ Phone: _____

3. Insurance Company: _____ Policy #: _____

4. Regular Medications: _____

5. Blood Type: _____

6. Medicine allergic to: _____

7. Food Allergies: _____

8. Any other Allergies: _____

9. Immunization Record: Date of Last Immunization: _____

10. Current Medications and Dosages: _____

11. Impairments and Concerns: _____

12. Any special health conditions:



Jump-Start Christian Academy

29706 FM 1093 Fulshear, TX 77441

jumpstartchristian@yahoo.com

www.jumpstartca.com

281-533-0750

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Child has had: Child suffers from:

Measles Headaches

German Measles Earaches

Chicken Pox Sore Throat

Mumps Stomach Aches

Whooping Cough Flu / Colds

Other _____ Other _____

TUITION/SCHEDULE: Circle all that apply

Tuition Type: 2-Day 3-Day 5-Day Afterschool

Schedule: Monday Tuesday Wednesday Thursday Friday

SCHOOL STUDENT ONLY

School: _____ Phone #: _____

Start Time: _____ End Time: _____ Transportation Needed: Y/N

THEIR IMPORTANT INFORMATION/PROVISIONS

Child will need special provisions such as:

Extracurricular activity Yes No

If yes, please give details: (what activity, when, if transportation is required, specific arrangements to attend with other family members/friends, etc.)

Other provisions we should be aware of: _____

Do you have any outstanding concerns? _____



Jump-Start Christian Academy

29706 FM 1093 Fulshear, TX 77441

jumpstartchristian@yahoo.com

www.jumpstartca.com

281-533-0750

DAYCARE AUTHORIZATION: Circle Yes or No

Medicine:	Yes or No	Daycare is authorized to administer medicine to child per parent or guardian instruction.
Medical Treatment:	Yes or No	Daycare is authorized to seek emergency medical treatment for child.
School Transport:	Yes or No	Daycare is authorized to provide transportation to and/or from school.
Field Trip Transport:	Yes or No	Daycare is authorized to provide transportation to and from field trips.
Photo/Video	Yes or No	Child may be photographed or video taped for public display (news media, etc.)



Jump-Start Christian Academy

29706 FM 1093 Fulshear, TX 77441

jumpstartchristian@yahoo.com

www.jumpstartca.com

281-533-0750

TRANSPORTATION AGREEMENT

Child's Name: _____

I, _____ allow Jump- Start Christian Academy to transport my child, _____ for the following reasons:

- Medical Emergencies – Child will be transported by EMS team.
- Building Emergencies – If the building should become unsafe, children will be transported to an evacuation site.

To School Name of School: _____ Begins at: _____ am

From School Name of School: _____ Ends at: _____ pm

Field Trip Individual permission forms will also be signed for each trip.

TRANSPORTATION RULES

- Always listen to and follow the directions of the driver.
- Always walk to the bus with an adult.
- Wait until the bus stops and the door is open before you step near the bus.
- Always wear your seatbelt and keep the aisle clear.
- Always remain seated, facing forward.
- Talk softly, never throws things or fight. The driver can't concentrate on driving if riders are destructive.
- Keep all body parts and other objects inside the vehicle.
- Don't eat or drink on the bus.
- Students should not mark upon, deface, cut seats, or otherwise cause damage to the bus.
- Never bring pets or insects on the bus without getting permission.
- Wait for the bus to stop before unbuckling your seatbelt or leaving your seat.
- Gather all of your belongings; be sure you left nothing behind.
- If you drop something near the bus, ask an adult to get the item for you.

I have read and understand the above guidelines and rules. I have reviewed the rules with my child.

Parent/Guardian's Signature: _____

Date: _____



Jump-Start Christian Academy

29706 FM 1093 Fulshear, TX 77441

jumpstartchristian@yahoo.com

www.jumpstartca.com

281-533-0750

PERMISSION TO PHOTOGRAPH

Child's Name: _____

I, _____, give permission to Jump- Start Christian Academy to photograph my child, _____.

(Please check one)

Type of Use:	Grant Permission	Decline Permission
Still Photographs:		
Display on school bulletin boards.		
Display in child's personal scrapbook.		
Use still photos in marketing materials.		
Display photos on our website/Facebook page.*		
Videos:		
Display video on Campus.		
Display video on website*		

* Children's names will not be published on the facility website or Facebook page.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Parent/Guardian Signature: _____ Date: _____



Jump-Start Christian Academy

29706 FM 1093 Fulshear, TX 77441

jumpstartchristian@yahoo.com

www.jumpstartca.com

281-533-0750

HEALTH AND EMERGENCY PERMISSION

Child's Name: _____

List any allergies or special diets your child has (If none, write "NONE") _____

Please explain the reaction your child has if he/she comes in contact with or ingests the item (s) listed above: _____

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past twelve months, and medication prescribed for long-term continuous use, and any other information that caregivers should be aware of. (If none, write "NONE"): _____

I, _____, give permission for Jump-Start Christian Academy to seek medical attention for my child, _____ in the event of an emergency if I cannot be reached, and to hold harmless and release to Jump Start Christian Academy or any member, from liability. I further agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

Parent/Guardian's Signature: _____ Date: _____

Our emergency procedure will be:

- Administer First Aid/CPR
- Call emergency medical team, if necessary
- Contact Parent or other emergency contacts
- Have emergency medical team transport child to nearest hospital
- Medical attention will be sought from the doctor

Child's Physician Information

Dr. _____

Phone # _____

Street _____

City, State, Zip _____

The persons listed below may be contacted in the event of an emergency **AND** are authorized with proper ID to pick up my child

Name	Relationship	Address	Cell Phone	Work Phone	Drivers License #



Jump-Start Christian Academy

29706 FM 1093 Fulshear, TX 77441

jumpstartchristian@yahoo.com

www.jumpstartca.com

281-533-0750

DEVELOPMENTAL PROFILE

ABOUT YOUR CHILD

Child's Name: _____ Nickname: _____

Does your child sleep through the night? _____

What time does your child go to bed at night? _____

What time does your child get up in the morning? _____

Does your child nap? _____ normally how long is his/her nap? _____

Does your child have any special fears? _____

Does your child have any special needs? _____

Describe your child's appetite? _____

Child's favorite foods are? _____

Dislikes? _____

How many hours of TV does your child watch? _____

Favorite show: _____

Do you read to your child regularly? _____

Child's favorite play activities: _____

Please list past child-care arrangements/schools attended: _____

Why did you choose our center? _____

DEVELOPMENTAL HISTORY

Was child carried full term? _____ Premature? _____

Were there any complications at birth? _____

Has your child ever had any diagnostic testing for a behavior or learning difficulty or developmental delay? _____

FAMILY HISTORY

Do both parents live in child's home? _____ If not, with whom does child live? _____

If there are other adults in the home, give relationship to child: _____



Jump-Start Christian Academy

29706 FM 1093 Fulshear, TX 77441

jumpstartchristian@yahoo.com

www.jumpstartca.com

281-533-0750

ACKNOWLEDGEMENTS

Child's Name: _____

Jump-Start Christian Academy Parent Handbook

A copy of the Jump-Start Christian Academy Parent Handbook can be found online at

www.jumpstartca.com

Important Notifications and Reminders

A copy of the DFPS Minimum Standards for Licensed Childcare Centers is available in a binder at the front desk for you review during regular hours of operations.

It is your right to contact the local DFPS Licensing Office at any time. The licensing office that governs this location is the Houston Office and a representative can be reached at 713-940-3009.

Child Abuse Hotline Number is: 1-800-252-5400

DFPS Website: www.dfps.state.tx.us

I, _____, acknowledge that I have read and understand the policies and procedures described in the Parent Handbook for Jump-Start Christian Academy. I understand that these guidelines may change periodically.

Parent/Guardian Signature: _____ Date: _____