

RLB INC.
BLUE ASH EDUCATIONAL BUILDING

10149 Kenwood Rd
Cincinnati, Oh 45242
513-891-1723 Telephone
513-898-8984 Facsimile

www.BlueAshChildCare.com

OHIO DEPARTMENT OF EDUCATION
CHARTERED KINDERGARTEN AND LICENSED INFANT/PRESCHOOL
Since 1965

REGISTRATION

Child's Name _____ Birth Date _____

Home Address _____

Mother's Name _____ Cell Phone _____

Home Address _____ Home Phone _____

Employer's Name _____ Work Phone _____

Employer's Address _____ Ext. _____

Occupation _____ Email _____

Father's Name _____ Cell Phone _____

Home Address _____ Home Phone _____

Employer's Name _____ Work Phone _____

Employer's Address _____ Ext. _____

Occupation _____ Email _____

Phone Numbers in Preferred Contact Order _____

NAMES OF (3) PERSONS, OTHER THAN PARENTS, FOR EMERGENCY CONTACT, DISMISSAL AND RELEASE OF MEDICAL INFORMATION:

The Blue Ash Educational Building may dismiss and/or release medical information regarding my child(ren) to the persons listed below. I understand that this release shall remain in effect as long as my child remains enrolled. I may terminate or alter this release by completing a new form available through the office.

For my child's health, safety and welfare, the Blue Ash Educational Building may dismiss and/or release medical information to the following:

Name & Relationship _____ Phone _____

Address _____

Name & Relationship _____ Phone _____

Address _____

Name & Relationship _____ Phone _____

Address _____

Child's Physician _____ Phone _____

Address _____

Child's Dentist _____ Phone _____

Address _____

Parent Initials & Date _____

UNDERSTANDING

Once my child is enrolled in the program, I agree to read and abide by the terms, conditions and policies set forth in the Parent Handbook. If I have not received the Parent Handbook two weeks after enrollment I agree to notify the Assistant-Director. The Assistant-Director may be contacted by calling the Center.

I affirmatively state that I am the custodial parent and have the legal right to enroll my child in the Blue Ash Educational Building.

SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AUTHORIZATION.

Parent Signature _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION

IF A PARENT DESIRES NOT TO SIGN THIS CONSENT, THEIR CHILD WILL NOT BE ENROLLED. In the event reasonable attempts to contact me, my spouse or the forgoing persons, have been unsuccessful, I hereby give my consent for the administration of any treatment or medication to my child deemed necessary by my child's physician/dentist or, in the event the designated practitioner is not available, another licensed physician/dentist, and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two licensed physicians concurs in the necessity for such surgery and such concurrence is obtained prior to the performance of such surgery.

By enrolling my child as a student in the Blue Ash Educational Building, I authorize the release of my child's medical information to any emergency personnel and/or person listed herein as an emergency contact and/or person to whom dismissal of my child(ren) is authorized.

SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AUTHORIZATION.

Parent Signature _____ Date _____

PHOTO PERMISSION

I give permission for my child's image to be used by the Blue Ash Educational Building, in its advertising, including but not limited to its website, the newspaper, classroom activity, and the news media. I understand that my child's name and personal information about my child is never disclosed.

I do not give permission for my child's/children's images to be used for publication.

SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AUTHORIZATION.

Parent Signature _____ Date _____

Does your child have a peanut allergy? (please circle one) Yes No

Does your child have any other allergies and/or fears? (Please list) _____

How did you hear about our school? _____

Remarks: _____

Home School District: _____

Price subject to change and start date based on room availability.

Parent Initials & Date _____

OFFICE USE ONLY

DATE TOURED _____ DATE RECEIVED BY OFFICE _____

APPROXIMATE START DATE _____ CLASS _____ NUMBER OF DAYS _____

D.C. _____ P.S. _____ TUITION RATE \$ _____ REGISTRATION FEE \$ _____ INSURANCE FEE \$ _____

