



## PARENTS NIGHT OUT

### CHILD INFORMATION

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Potty Trained (Y/N): \_\_\_\_\_

### GUARDIAN INFORMATION (If address is same as above then enter SAME)

Mother/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP TO CHILD	HOME PHONE	WORK PHONE	CELL PHONE

### RELEASE INFORMATION

In addition to the parent these individuals are also authorized to pick up the student. Person must present photo I.D. to check child out of the center.

NAME	RELATIONSHIP TO CHILD	HOME PHONE	WORK PHONE	CELL PHONE

**HEALTHCARE PROVIDER**

Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_

**HEALTHCARE INSURANCE:**

Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**ALLERGIES**

List any allergies or special medical considerations your child has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL PERMISSION**

I give permission for First Steps Academy to do the following in the event my child is involved in a medical emergency.

- Administer first aid
- Have child transported by EMS or private ambulance to a local medical facility
- To obtain necessary emergency medical treatment

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF DISCIPLINE**

Our goal at First Steps Gym is to provide enjoyable activities for children seven and under. In doing so, we must ensure a safe and fun environment where parents and children alike are comfortable. During all FSG activities no child will be allowed to cause harm to himself, others or the gym equipment. Therefore, FSG staff may use positive methods to discipline a student during an activity. Our methods are used to: guide positively, set clear limits, and redirect the child's behavior. In no way is FSG staff authorized to use cruel or unusual punishment, verbally abuse, or unlawfully touch any member. Our Discipline policy includes the following:

- Positive encouragement of good behavior
- Redirection of negative behavior
- Removal from situation in the event of harmful behavior

If you have read and agree with the above statement of discipline please sign below.

Name: \_\_\_\_\_ Date: \_\_\_\_\_