

SGA Day School Registration Form

Add: 66 Morris Ave, Springfield, NJ 07081 Email: info@noec.org, sga.noec@gmail.com . Web: www.sgaschool.org
 Phone: 973-988-4658 732-213-9618 917-362-0567 Fax: 732-284-3188

Student Information				
Name	Gender	DOB	Previous Daycare School	Notes

Parents Information					
	Name	Cell Phone	Home Phone	Email	Drop Off/Pick Up
Mother					
Employer Name					
Employer Address					
Home Address					
	Name	Cell Phone	Home Phone	Email	Drop Off/Pick Up
Father					
Employer Name					
Employer Address					
Home Address					

Emergency Contact/Phone Number			
Name		Phone Number	

Other than you, who else has permission to pick up your child?				
In case of an emergency, I give permission for any of the <i>following individuals</i> to be contacted and my child may be released to any of them.				
<i>Parent/Guardian signature:</i> _____				
1、 Name	Relationship	Cell	Home	Alternative #
2、 Name	Relationship	Cell	Home	Alternative #

Custody Document: (if applicable)	
Who does not have permission to pick up your child? (A copy of supporting court document must be on file)	
Name	reason

➔ Please turn over

Child's Health Information

Date of child's last physical exam:	Child's health care provider	Phone Number
Street address	City	Zip code
Special health problems? Yes or no? If yes, specify.	Allergies, including drug reactions Yes or no? If yes, specify.	
Regular medications? Yes or no? If yes, specify.	Other important information Yes or no? If yes, specify.	

Child's Medical Insurance Coverage

Insurance company name	Member/policy number
Policy holder name	Relationship

Consent to Emergency Medical Care and Treatment of minor children

I give permission that my child(ren), _____, may be given first aid/emergency treatment by the staff at Springfield Genius Academy.

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.
I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of New Jersey that this information is true and correct.

Parent/Guardian Signature _____ **Date** _____

By signing this form, I agree not to charge or sue Oriental Genius Academy, its employees, and volunteers, from any and all present and future claims, demands, actions or causes of action resulting from any accidents, injuries, or loss of and/or damage to my child/children or property arising out of or connected with my child/children's participation in center activities except for claims legally caused by the sole negligence or willful misconduct of the Center and/or its staff. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assigns. Further, I am aware that certain center activities may involve certain risks. By signing, I am voluntarily allowing my child/children to participate in these activities with knowledge of the risks involved and hereby agree to accept any and all inherent risks. I understand that this waiver will continue in full legal force and effect.

Parent Signature: _____ **Date:** _____

Office Use Only

Enrollment Date: _____ Withdrawn Date: _____

Name	5-day, 4-day, 3-day Programs				
	Mon	Tue	Wed	Thur	Fr