

CHILD 1 FIRST NAME	LAST NAME	SEX ☐ MALE ☐ FEMALE	
NICK NAME or name child goes by	DATE OF BIRTH	CHILD AGE TODAY	TODAY'S DATE
ADDRESS			
CITY STATE ZIP CODE			
PREVIOUS SCHOOL			
CHILD ETHNICITY / RACE ☐ WHITE ☐ BLACK / AFRICAN AMERICAN ☐ HISPANIC / LATINO / SPANISH ☐ NATIVE AMERICAN INDIAN ☐ NATIVE HAWAIIAN / PACIFIC ISLANDER ☐ ASIAN			
CHILD PRIMARY LANGUAGE	CHILDS LIVING ARRANGEMENTS ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER		
☐ OTHER _____			
CONSENT FOR CHILD TO BE PHOTOGRAPHED Choose one: ☐ YES ☐ NO			
Permission is given for my child to be photographed for identification, publicity, and educational purposes. My child's photo may appear in a newspaper, on the Alchemy Kids Learning LLC website, or social media, e.g. Facebook			
CONSENT FOR STAFF ACCESS TO CHILD RECORDS I, _____, give my consent for the following individuals to have access to my child's _____ file or record while my child is enrolled at Alchemy Kids Learning: the Center's administrative and teaching staff, and the Director. I understand that all information contained in my child's record will not be released to any other individuals without my written consent.			
FAMILY AND CUSTODY INFORMATION Parents' Marital Status: ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐ SINGLE Child's Legal Guardians: ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ OTHER _____ If divorced, who has legal custody of the child? _____ May the non-custodial parent pick up the child? ☐ YES ☐ NO Alchemy Kids Learning must be provided with court issued custody papers that clearly describe custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.			
How did you learn about Alchemy Kids Learning? If referred by Alchemy Kids Learning family/staff, please state who referred you: _____			

• **IF YOU HAVE MULTIPLE CHILDREN, PLEASE ONLY FILL OUT THE HIGHLIGHTED YELLOW SECTION FOR CHILD #2 AND LEAVE THE REST OF THE PAGE BLANK.**



CHILD 2 FIRST NAME	LAST NAME	SEX ☐ MALE ☐ FEMALE	
NICK NAME or name child goes by	DATE OF BIRTH	CHILD AGE TODAY	TODAY'S DATE
ADDRESS			
CITY STATE ZIP CODE			
PREVIOUS SCHOOL			
CHILD ETHNICITY / RACE ☐ WHITE ☐ BLACK / AFRICAN AMERICAN ☐ HISPANIC / LATINO / SPANISH ☐ NATIVE AMERICAN INDIAN ☐ NATIVE HAWAIIAN / PACIFIC ISLANDER ☐ ASIAN			
CHILD PRIMARY LANGUAGE	CHILDS LIVING ARRANGEMENTS ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER		
☐ OTHER _____			
CONSENT FOR CHILD TO BE PHOTOGRAPHED Choose one: ☐ YES ☐ NO			
Permission is given for my child to be photographed for identification, publicity, and educational purposes. My child's photo may appear in a newspaper, on the Alchemy Kids Learning LLC website, or social media, e.g. Facebook			
CONSENT FOR STAFF ACCESS TO CHILD RECORDS I, _____, give my consent for the following individuals to have access to my child's _____ file or record while my child is enrolled at Alchemy Kids Learning: the Center's administrative and teaching staff, and the Director. I understand that all information contained in my child's record will not be released to any other individuals without my written consent.			
FAMILY AND CUSTODY INFORMATION Parents' Marital Status: ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED ☐ SINGLE Child's Legal Guardians: ☐ BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ OTHER _____ If divorced, who has legal custody of the child? _____ May the non-custodial parent pick up the child? ☐ YES ☐ NO Alchemy Kids Learning must be provided with court issued custody papers that clearly describe custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.			
How did you learn about Alchemy Kids Learning? If referred by Alchemy Kids Learning family/staff, please state who referred you: _____			



PARENT / GUARDIAN #1 - FIRST NAME		LAST NAME	RELATIONSHIP TO CHILD
ADDRESS			
CITY		STATE	ZIP CODE
CELL PHONE		HOME PHONE	PRIMARY LANGUAGE
EMAIL			
PARENT / GUARDIAN #1 ETHNICITY / RACE			
☐ WHITE ☐ BLACK / AFRICAN AMERICAN ☐ NATIVE HAWAIIAN / PACIFIC ISLANDER ☐ HISPANIC / LATINO / SPANISH ☐ NATIVE AMERICAN INDIAN ☐ ASIAN ☐ OTHER _____			
EMPLOYER			
EMPLOYER ADDRESS			OCCUPATION
CITY			WORK PHONE
CELL PHONE		STATE	ZIP CODE

PARENT / GUARDIAN #2 - FIRST NAME		LAST NAME	RELATIONSHIP TO CHILD
ADDRESS			
CITY		STATE	ZIP CODE
CELL PHONE		Email address	PRIMARY LANGUAGE
ETHNICITY / RACE			
☐ WHITE ☐ BLACK / AFRICAN AMERICAN ☐ NATIVE HAWAIIAN / PACIFIC ISLANDER ☐ HISPANIC / LATINO / SPANISH ☐ ASIAN ☐ OTHER _____			
EMPLOYER			
EMPLOYER ADDRESS			
CITY		STATE	ZIP CODE

Parent / Legal Guardian Signature

Date

MEDICAL CARE & EMERGENCY INFORMATION

Full Name	
Contact Number	
Relationship to child	
Full Name	
Contact Number	
Relationship to child	
Full Name	
Contact Number	
Relationship to child	
PARENT CONSENT	
I, _____, confirm that the information provided is accurate and give my consent to call during an emergency if I can not be reached.	
Signature	Date

Child's Physician_____ Phone_____

Child's Dentist_____ Phone_____

Health Insurance Company_____

Policy number _____

Child's special medication needs & conditions_____

Child's current perscribed medications for chronic conditions _____

I hereby authorize Alchemy Kids Learning LLC, to provide First Aid care for my child while he/she in the in ALK custody, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all emergency transportation charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update information, as changes occur. The in home center will use Children's Health Care of Atlanta as the medical facility of choice unless directed to another medical facility by the EMT.

Signature_____ Date:_____

PICK UP AUTHORIZATION

Full Name

Contact Number

Relationship to child

Full Name

Contact Number

Relationship to child

Full Name

Contact Number

Relationship to child

PARENT CONSENT

I, _____, confirm that the information provided is accurate and give consent for the above names to pick up my child.

*** Please note that dismissal time is 4:30pm. There will be a \$1 per minute charge after 4:40pm.

Signature

Date

CHILD’S NAME: _____

FOOD ALLERGY/SENSITIVITY/DIETARY RESTRICTION CONSENT	
My child has know allergies in the following	
My child cannot eat the following foods for religious or medical reasons	
Allergy Sensitivity	Dietary Restriction
1.	1,
2.	2.
Signature	Date

SOCIAL AND EMOTIONAL BEHAVIOR

Describe your child’s favorite activities when alone.

Describe what he/she likes to do/play with other children.

What would you like us to work on with your child the most during his/her tutoring session?

CHILD'S NAME: _____

Special Accommodations

1. Does your child have an IEP?

O yes O no

1. If so, are there any special accommodations that we should know of?

Thank you for choosing Alchemy Kids Learning! We are excited to have you. Please don't forget to follow us on all social media platforms!

@alchemykidslearning

