



Child Emergency Contact Information

Child's Name _____
Class: _____

Date of Birth _____

Preferred Phone: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ None: _____

Mother's employer: _____ Father's employer: _____

(M) Cell phone: _____ (D) Cell phone: _____

(M) Work Phone: _____ (D) Work Phone: _____

(M) email: _____ (D) email: _____

Custody Information:

Person(s) with legal custody of child (relationship): _____ (if other than parent registering)

Emergency Contacts: (To whom child may be released to if parent/s is unavailable. Must be at least 18, have a driver's license and the availability to pick up your child if needed within 15-20 minutes.)

#1 Name: _____ Relationship: _____ Phone: _____

#2 Name: _____ Relationship: _____ Phone: _____

#3 Name: _____ Relationship: _____ Phone: _____

Emergency Medical Care

I, _____, the parent or legal custodian of _____, who is my minor child; hereby authorize emergency medical treatment for my child in the event I cannot be contacted. I understand that I will be financially responsible for the cost of all treatment.

Child's Health Insurance

Name of Insurance Plan _____ ID # _____

Subscriber's Name (on insurance card) _____

Special conditions, Disabilities, Allergies, or Medical Information for Emergency Situations

Child's usual source of medical care:

Provider: _____

Address: _____

Phone: _____

Parent/Legal Custodian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all 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 update this information whenever a change occurs through the school year.

Preschool Activities

I, _____, the parent or legal guardian of _____, who is my minor child, hereby give permission for my child to take nature walks around the premises. I also give permission for my child to use all of the play equipment and participate in all of the activities of the preschool. I also give permission for my child to be included in observations connected with the program.

Date: _____ Parent/Legal Custodian's Signature #1: _____

Date: _____ Parent/Legal Custodian's Signature #2: _____

Signature implies accuracy and agreement of the above information.