



**Other Children in Family:**

Name & Age: \_\_\_\_\_

Name & Age: \_\_\_\_\_

Name & Age: \_\_\_\_\_

Would you be willing to help with field trips? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you be willing to serve on the Preschool Committee? \_\_\_\_\_ Yes \_\_\_\_\_ No

**IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED, WHO SHALL WE CONTACT FOR IMMEDIATE PICKUP?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ or \_\_\_\_\_

**IN CASE OF AN EMERGENCY, I HEREBY GIVE PERMISSION FOR A PRESCHOOL TEACHER TO SELECT A PHYSICIAN TO ATTEND TO MY CHILD'S MEDICAL NEEDS. IF NEEDED, I GIVE PERMISSION FOR THE PHYSICIAN TO ADMINISTER TREATMENT DEEMED NECESSARY**

Family Physician or Pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Any special needs (health or otherwise): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

Date Signed: \_\_\_\_\_

**PLEASE LIST PERSON WHO WILL BE ALLOWED TO PICK YOUR CHILD UP FROM PRESCHOOL**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**OFFICE USE:**

Application received in preschool office: Date \_\_\_\_\_

Time: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Letter Sent: \_\_\_\_\_