

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

OFFICE USE:

Application received in preschool office: Date _____

Time: _____

Fee Paid: _____

Letter Sent: _____