

ENROLLMENT PACKET 2021-2022 PRE-SCHOOL EMERGENCY CONTACT FORM



I. FAMILY INFORMATION

Last Name: _____	First Name: _____	Middle: _____
Relationship to child: _____	Social Security # (last 4): _____	
Street Address: _____	City: _____	State _____ Zip Code: _____
Home Phone: _____	Work Phone: _____	
Cell Phone: _____	Email: _____	

Last Name: _____	First Name: _____	Middle: _____
Relationship to child: _____	Social Security # (last 4): _____	
Street Address: _____	City: _____	State _____ Zip Code: _____
Home Phone: _____	Work Phone: _____	
Cell Phone: _____	Email: _____	

II. CHILD INFORMATION

Last Name: _____	First Name: _____	Middle: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	SS # (last 4): _____	DOB: _____
Emergency Contact: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Known Allergies: _____	Date: _____ / _____ / _____	

Last Name: _____	First Name: _____	Middle: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	SS # (last 4): _____	DOB: _____
Emergency Contact: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Authorized Pick Up Person: _____	Phone #: _____	
Known Allergies: _____	Date: _____ / _____ / _____	

III. EMERGENCY CARE AUTHORIZATION

I certify that I am a parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on behalf of my child.

Signature of Parent or Legal Guardian: _____ Date _____

OFFICE USE ONLY		
Tuition: \$ _____	Classroom: _____	Enrolled: _____
Billing cycle: _____	Program: _____	Enrolled by: _____