

# St. John's UCC Preschool Summer Session Contact Information

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Birth date: \_\_\_\_\_

Email address: \_\_\_\_\_

Pre-school Attended this year: \_\_\_\_\_

Legal Guardian #1 Name: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work and/or Cell: \_\_\_\_\_

Legal Guardian #2 Name: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work and/or Cell: \_\_\_\_\_

Email Address : \_\_\_\_\_

Emergency Contacts (to whom child may be released if guardian is unavailable)

Name #1: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work and/or Cell: \_\_\_\_\_

Name #2: \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Work and/or Cell: \_\_\_\_\_

Child's Source of Medical Care

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

\_\_\_\_\_

Transport Arrangement in an Emergency Situation

Ambulance Service: (*Whomever the 911 Center sends*) Preferred Hospital: \_\_\_\_\_

(Parents/guardians are responsible for all emergency transportation charges)

Parent/Guardian Consent and Agreement

As parent/guardian, I give consent to allow my child to participate in all activities provided by this facility unless specified in writing. I give consent to have my child receive first aid by facility 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 review and update this information whenever a change occurs.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

## Health Status

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ My child is healthy and is able to participate in all preschool activities.

\_\_\_\_\_ My child has the following health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ My child has no known allergies.

\_\_\_\_\_ My child has the following allergies: \_\_\_\_\_

\_\_\_\_\_ My child is up to date on all immunizations.

I have answered the above questions to the best of my knowledge.

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date