



Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age on 8/31/10 \_\_\_\_\_  
 Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian Information**

Full name (including middle initial) and date of birth required if working in classroom.

1<sup>st</sup> Parent's Name \_\_\_\_\_ Attending Preschool? \_\_\_ Date of Birth \_\_\_\_\_  
 email \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2<sup>nd</sup> Parent's Name \_\_\_\_\_ Attending Preschool? \_\_\_ Date of Birth \_\_\_\_\_  
 email \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Other Adult Attending Preschool

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Contact --** When unable to reach parents, call:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Medical Insurance Plan \_\_\_\_\_ Group/ID Number \_\_\_\_\_  
 Preferred Hospital \_\_\_\_\_ Date of Last Physical \_\_\_\_\_ Last Tetanus \_\_\_\_\_  
 Allergies or Dietary Restrictions \_\_\_\_\_  
 Known Medical or Health Problems \_\_\_\_\_  
 Medications Being Taken \_\_\_\_\_  
 Other Medical Information \_\_\_\_\_

**Medical Release:** In the event I cannot be contacted, I authorize the Phinney Neighborhood Preschool Co-op to seek medical care for my child, \_\_\_\_\_, in the event of illness or injury. I further consent to the medical, surgical, and hospital care, treatment and procedures to be performed on my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health.

Legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Permission for walking field trips:**

The Phinney Neighborhood Preschool Co-op has permission to take my child, \_\_\_\_\_, on excursions by foot away from the premises provided proper supervision and safety procedures are present. I will not hold the PNPC responsible for anything that might occur. It is my understanding that separate permission in writing must be obtained from me for each individual field trip or excursion involving automobile or public transportation.

Legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**People who may pick up my child from school:**

Persons who are authorized to pick child up (other than parents/guardians; must be at least 13 years old)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Persons who may not pick child up:

Name \_\_\_\_\_

Name \_\_\_\_\_

**The information provided on this form is still current or I have made any necessary changes.**

Signed \_\_\_\_\_ Date \_\_\_\_\_ Parent/Infant Class

Signed \_\_\_\_\_ Date \_\_\_\_\_ Toddlers Class

Signed \_\_\_\_\_ Date \_\_\_\_\_ Twos Class

Signed \_\_\_\_\_ Date \_\_\_\_\_ Threes Class

Signed \_\_\_\_\_ Date \_\_\_\_\_ Pre-K Class

**For school use:**

Immunizations verified. Date \_\_\_\_\_ Initials \_\_\_\_\_

TB Test verifications on file for the following persons attending preschool with child:

Name \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_