



St. Paul Preschool

A ministry of St. Paul United Methodist Church

Enrollment and Emergency Information Form

| | | |
|--|-----------------|------------|
| Child's Name | Nickname | Sex |
| DOB | Address | |
| Phone | | |
| Chronic Physical Problems (include Allergies, Asthma) and any special accommodations needed | | |
| Developmental or Behavioral Concerns | | |

Parent(s)/Guardian(s)

| | | | |
|--|-------------------|----------------------|--|
| Mother | | Email Address | |
| Home Address | | Employer | |
| Home Phone | Cell Phone | Work Phone | |
| Father | | Email Address | |
| Home Address | | Employer | |
| Home Phone | Cell Phone | Work Phone | |
| Person(s) or Agency having legal custody of the child | | | |
| Address: | | Phone: | |

*Custody Papers must be included if there are restrictions on who can pick up a child.

I understand that pictures may be taken during school activities. On occasion, the pictures may be included on the school's website or in a school newsletter if you grant permission. Your child's name will not be included with the picture.

(Please Circle One) I GIVE DO NOT GIVE permission to include my child's pictures in the newsletter or on the school website.

Parent Signature _____



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Emergency Information

Allergies or Intolerances to Food, Medication, etc and Action to Take in an Emergency

Pediatrician and Phone Number

Emergency Contacts: (at least 2)

| Name | Phone | Address | Relationship |
|----------|-------|---------|--------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

People Authorized to Pick Up your Child:

People ***NOT AUTHORIZED*** to pick up your child (please include appropriate paperwork):

Agreements

If your child becomes sick while at school, the Preschool teacher/director will contact the parent and/or emergency contacts and the parent will arrange to have the child picked up as soon as possible if requested by the center.

The parent or guardian will submit the Parental Consent to provide medical attention when necessary and the Preschool will provide care in the event of an emergency if the parents cannot be reached.

The parent or guardian agrees to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

The parent or guardian will report changes to the information included on this form as soon as the new information becomes available.

Signature

Parent(s) or Guardian(s)

Date

OFFICE USE ONLY - IDENTITY VERIFICATION

Proof of Identity (birth certificate, passport, proof of identity by placement agency) copy provided or made

Signature of Person who saw and copied proof of identity _____

*copy should be attached to this information form