

Student Information

Child's Name _____ Known as _____
(Name you wish your child to write and identify)

Gender _____ Age _____ Date of Birth _____

Address _____

Home Phone Number _____ Cell Number _____

Class enrollment:

Three's morning ___ Three's afternoon ___ 2 days ___ 3 days ___ 5 days ___

Four's morning ___ Four's afternoon ___ 2 days ___ 3 days ___ 5 days ___

Extended Care _____

(each child may be enrolled in one educational session)

Family Information

Mother (guardian) _____ Occupation _____

Home Address (if different from child) _____

Employer name & address: _____

Work Number _____ Home Number _____ Cell Number _____

Email address: _____

Father (guardian) _____ Occupation _____

Home Address (if different from child) _____

Employer name & address: _____

Work Number _____ Home Number _____ Cell Number _____

Email address: _____

Marital Status (please select one) Married Divorced Separated Single Widow

Is there any custody information we need to be aware of? _____

Who lives at home with child (including siblings and others living in the home):

-----For Office Use Only-----

Enrollment Date _____ Discharge Date _____

Media Authorization

I give permission for Asbury's Little Angels Preschool to take photos and make audio and/or video recording of my child. I understand these may be used for a special project/crafts, identification of personal belongings, classroom/hallway decorations. I also understand that the photos may be used on the Asbury's Little Angels Preschool website, Facebook page, and/or in local newspaper features or other social media outlet, I understand that children will NOT be identified by name outside of the classroom.

Child's Name: _____

_____ YES, my child's photo may be used

_____ NO, do not use my child's photo

Signature of Parent or Legal Guardian

Date

Medical Information (a copy of this information to be kept in the classroom)

Child's Name _____ Age _____ Birthdate _____

Medical/Dietary information _____

Allergies _____

Are any of the conditions/allergies life threatening? _____

Does your child take any medications on a regular basis? _____

Physician's Name/Medical Practice _____

Address _____ Office Number _____

Location to take child in case of emergency _____

Health Insurance Coverage and Policy Number _____

(policy number is required by licensing)

MEDICAL RELEASE

In case of a medical **EMERGENCY** arising at school, if neither parent can be reached and/or time is of the essence, we authorize the staff of Asbury's Little Angels Preschool to have our child, _____, transported to the emergency room and further authorize the medical staff of the hospital to administer treatment considered necessary for the well-being of my child. We, the parent/guardian, will assume financial responsibility for the cost of the ambulance and/or for treatment administered at the hospital.

LOCAL person to call in case of an emergency when parent/guardian cannot be reached (if this person is authorized to pick up the child, please list them on the Pick Up Authorization form as well)

Name	Address	Phone Number
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Signature of Guardian _____ Date _____

-----For Office Use Only-----

Immunizations provided (Date) _____

Physical provided (Date) _____

Pick up Authorization (a copy of this information to be kept in the classroom)

Child's Name _____

Person(s) **AUTHORIZED** to pick up child, including parents/ guardians
(Photo I.D. must be provided for child to be released)

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Person(s) **NOT AUTHORIZED** to pick up child _____

Is this court ordered? _____ If so, please supply documentation

Signature of Guardian _____ Date _____