



Calvary Christian Preschool

Child Enrollment/Background Information

Child's Full Name: _____ Birthdate: _____

Child's preferred or nickname: _____

Address: _____ City/State: _____

Parents : 1) _____ 2) _____

Employment: 1) _____ 2) _____

Work phone: 1) _____ 2) _____

Cell phone: 1) _____ 2) _____

Child's doctor: _____ Phone: _____

Address: _____ City/State: _____

Child's dentist: _____ Phone: _____

Address: _____ City/State: _____

Hospital Preference: _____ Address: _____

Health insurance company: _____ Policy #: _____

In the event that parents cannot be reached, please contact:

Name	Address	Phone
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

List all people authorized to pick up your child and their **relationship** to your child:

List any people NOT authorized to pick up your child:

(If anyone listed is a biological parent, and a no contact order is in place, we will need a copy of those court papers.)

Is there any other information you feel would be helpful in caring for your child?

I, _____ parent/guardian of _____ do

hereby give permission and/or consent to Calvary Preschool to secure and authorize such emergency medical care and/or treatment as the above-named child might require while under the supervision of said preschool. I further authorize staff of said preschool to administer emergency care/treatment as required until medical assistance is available. I hereby give consent for

medical/surgical treatment to Dr. _____ or his/her designee and

_____ hospital to provide this care. I also agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for said child as secured or authorized under this consent.

This consent will be in effect for one year from date of signature.

Parent signature

Date