



Child Enrollment/Background Information

Child's full name: _____ Birthdate: _____

Child's preferred or nickname: _____

Address: _____ City/State: _____

Parent name: #1) _____ #2) _____

Employment: #1) _____ #2) _____

Work phone: #1) _____ #2) _____

Cell phone: #1) _____ #2) _____

E-mail: #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