

Marital Status of Parents: Married_____ Single_____ Separated_____ Divorced_____
Siblings (names & ages) _____

Church Preference/Affiliation:_____

Please describe your child's interests/favorite activities: _____

Emergency Contacts:

(1)Name_____Relation_____

Phone #'s: Home_____Cell._____

(2)Name_____Relation_____

Phone #'s: Home_____Cell._____

Names of those who may pick up your child:

Health History:

Allergies: _____

Medical Conditions: _____

Child's Doctor_____Phone_____

Address_____

Permission Release and Emergency Treatment:

I hereby give permission for you to administer general first aid, i.e. antiseptic cream and bandages. In the event of an illness or accident, which requires immediate treatment at a time when the parent cannot be located, I give permission for Fairview Moravian Preschool personnel to authorize treatment. I will not hold the center, or its personnel, responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

Signed_____Date_____