

Emergency Contacts (other than parents) & Pickup Information

Contact Name: _____	Relation: _____	
Home Phone: _____	Business Phone: _____	Cell Phone: _____
Contact Name: _____	Relation: _____	
Home Phone: _____	Business Phone: _____	Cell Phone: _____
Contact Name: _____	Relation: _____	
Home Phone: _____	Business Phone: _____	Cell Phone: _____

Other Children Living at Home

Name _____	Birthdate: _____
Name _____	Birthdate: _____
Name _____	Birthdate: _____

Health Information

Is your child currently under a physician's care other than routine visit? Yes No

Does your child have any allergies? Yes No

If yes, please list allergies _____

Parent Agreement: I, _____, have read the Parkhills Preschool Parent Handbook and agree to abide by these policies. I agree to honor the non-refundable fee and monthly tuition payment schedule. In the event I need to withdraw my child from the program, I agree to give TWO WEEKS notice or pay for the two-week period. By signing this form, I am agreeing to abide by these policies.

Legal Restriction: Please attach appropriate documents

Medical Release: I, _____, parent/guardian, the undersigned, do hereby grant permission for a representative of Parkhills Preschool staff to seek medical attention for my child, _____ in the case of a medical emergency.
First Middle Last

I will not hold Parkhills Preschool financially responsible for the emergency medical care of my child. Parkhills Preschool **does not** assume any financial responsibility but does wish to provide emergency medical care.

Your signature gives the appropriate staff authority to call EMS and/or obtain medical attention for your child.

Parent/Guardian Signature

Date

Media Release

During the school year, photographs are taken capturing daily activities and special events. Pictures may be used to personalize gifts and create memory books or to personalize areas in the classroom.

Photographs on display will be at Parkhills Preschool, Parkhills Baptist Church website or the Parkhills Children's Ministry Facebook page. The child's name will not be displayed online.

Child's Name _____

has my permission.

does not have my permission.

Parent's Signature _____

Date _____