

All Saints' Episcopal Preschool Registration 2010-11

ADMISSION & MEDICAL RELEASE FORM

Please print and complete front and back.

Child's Full Name	Name Child is Known By
Date of Birth	Child's Home Address
Name of Parent(s) or Guardian	Home Telephone Number
Address of Parent or Guardian	
Mother's Employer Telephone Number	Father's Employer Telephone Number
Mother's Cell Number	Father's Cell Number
Primary E-mail Address (Monthly invoices and reminders will be emailed to this address)	Instructions on how the parent(s) or guardian is to be reached in case of an emergency

EMERGENCY CONTACTS

People to contact in case of illness/emergency if parent cannot be reached:

Name	Relationship	Telephone Numbers

AUTHORIZATION TO RELEASE CHILD

It is ASEP policy that children must be brought into the center and picked up by a parent, guardian, or other authorized person. If a child is to be picked up by someone not on the 'child's release' section on your child's admission record, the parent must provide written authorization giving the name and of the person picking up the child. A photo I.D. is required.

We will not release children to an unauthorized person. Authorized persons must be nineteen years of age or older.

Name	Relationship	Telephone Numbers

AUTHORIZATION TO PHOTOGRAPH CHILD

During the school year we may take pictures of the children in our preschool during classroom activities and celebrations. Please check the appropriate boxes to give permission to take and/or publish pictures:

Classroom pictures taken by the teacher
 Publish on All Saints' Website
 Newspapers/journals

PARENT ASSOCIATION

Please check here any or all of the boxes below that pertain to your interests:

Fundraising
 Substitute teaching
 Room Mom
 Book Fair
 Special Events
 Workroom Volunteer

(please complete reverse side)

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Medical Release Form

Child's Name	Child's Physician/Phone Number	Child's Dentist/Phone Number
Medical Coverage	Policy Number	Group Number
Primary Insured		

Please list all medical allergies, medications taken regularly and any other medical information.

I (we) understand that, in the event medical treatment is required, every reasonable effort will be made to contact me. If I cannot be reached, I give my permission for All Saints' Episcopal Preschool to obtain emergency medical treatment for my child. If I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the necessary care, including anesthesia for my child's well being.

I (we), the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors or staff from any and all claims of past, present or future arising out of any damage or injury while employed by or participating in any events.

Signature of parent or guardian

Date

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FAMILY INFORMATION FORM

This information will be for your child's teacher. It will be kept in a confidential file in the preschool office.

Child's Full Name: _____

Please include information for members of child's immediate family.

Name	Relationship	DOB	Living in Home

PARENTS MARITAL STATUS:

Married: _____ Single: _____ Widowed: _____ Divorced: _____

THINGS TO KNOW ABOUT YOUR CHILD:

Please describe your child's personality, temperament and your expectations for this school year:

Does your child have any special interests, strengths, weaknesses or fears that you would like to share with us?

Is there any other information you want us to be aware of?
