

## **STUDENT INFORMATION**

### **CHILD INFORMATION**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Address: _____	State: _____
_____	Zip Code: _____
City: _____	Home Phone: _____

Sibling names and ages: \_\_\_\_\_

### **PARENT INFORMATION**

Mother (or Guardian): _____	Father (or Guardian): _____
Cell Phone #: _____	Cell Phone #: _____
E-mail: _____	E-mail: _____
Employer: _____	Employer: _____
Employer Phone: _____	Employer Phone: _____

### **EMERGENCY INFORMATION**

**In the event that parents can not be reached for emergency medical attention I authorize Larks Preschool to contact:**

Emergency Contact Person(s): 1.) \_\_\_\_\_  
& Phone Number(s) 2.) \_\_\_\_\_  
3.) \_\_\_\_\_

Physician: _____	Dentist: _____
Phone #: _____	Phone #: _____
Address: _____	Address: _____
_____	_____

Preferred Emergency Room Hospital: \_\_\_\_\_

Describe or list important conditions of which attending medical personnel should be aware (heart, respiratory, drug reactions, allergies, medications, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**In case of illness or accident, I give the Center permission to provide any emergency care for my child deemed necessary, including, but without limitation, treatment by public or private facilities or personnel. It is understood that a conscientious effort will be made to locate me (or the emergency contact persons designated by me) before any action is taken. I accept and agree to pay any charges incurred by Larks Preschool for such care.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please notify Larks Preschool if any of the above information changes. I have read and understand Larks Preschool sickness policy and will abide by all guidelines and rules.