

Small World Nursery School Emergency Information

CHILD	Name of Child	
	Date of Birth	
	Home Address	

	MOTHER	FATHER
Parent Name	Name	Name
Home Phone	Home Phone	Home Phone
Home Address	Home Address	Home Address

	MOTHER WORK	FATHER WORK
Business Phone	Name of Business	Name of Business
Cell #	Business Phone	Business Phone
	Cell #	Cell #

Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.

	Name of Contact #1	Name of Contact #2
Phone	Phone	Phone
Relationship	Relationship	Relationship
Address	Address	Address

MEDICAL INFORMATION (known allergies to medications & other substances)

DOCTOR	Child's Doctor	
	Telephone	()
	Address	

NAME OF PERSON PROHIBITED FROM PICKING UP THE CHILD:
 If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of appropriate court order.

EMERGENCY

I have completed the medical emergency permission form which authorizes the center to seek emergency medical care for my child as deemed necessary by the Director or the director's designee.

Parent's signature: _____ Date: _____

WALKS

I give my permission for my child to participate in walking trips within the center's neighborhood.

I do not give my permission for my child to participate in walking trips within the center's neighborhood.

Parent's signature: _____ Date: _____

POLICE

I (we) attest that all of the information on this application is accurate, and that I (we) have received the following information for my (our) home records:

1. Information to Parents Document	Yes	No
2. Policy on the Release of Children	Yes	No
3. Philosophy of Discipline	Yes	No
4. Policy on the Management of Illnesses/Communicable Diseases	Yes	No

Parent's signature _____ Date _____

SIGN HERE

SIGN HERE

SIGN HERE

e-mail address _____