

<u>Class Information - WP Use Only</u> Car Tag Number _____ _____	2019 Summer Camp NEW SALEM WEEKDAY PRESCHOOL	
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Circle ALL sessions your child will be attending: 1 2 3 4

Name: (First) _____ (Middle) _____ (Last) _____

Preferred Name: _____	Birth Date: Mo. _____ Day _____ Yr. _____
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Mother's Name: _____ Father's Name: _____

Mom's Cell #: _____ Dad's Cell #: _____

Mom's Work #: _____ Dad's Work #: _____

Mom's Email: _____ Dad's Email: _____

Employer: _____ Employer: _____

Home Phone #: _____

Address: _____

City: _____ Zip Code: _____

Emergency Medical Information

Allergies	Reaction	Treatment

I will leave the following medication at the preschool with the teacher:

If a parent cannot be reached via phone numbers provided and a sudden onset of illness or emergency occurs, please contact the following persons for pick up or instructions:

NAME	Home #	Cell #	Work#

Physician Name & Telephone #: _____

Insurance Co. Name & Policy/Group #: _____

If your child is taking any medication daily, please list: _____

Does your child have any medical conditions that the preschool or emergency responders need to know, if so, please list: _____?

In the event of an emergency, I give permission for my child to receive medical treatment from the medical emergency responders as necessary.

_____ Yes _____ No Parent Signature _____ Date _____