

Enrollment Date: _____

EMERGENCY INFORMATION



Child's Name: _____
Last First Middle

Home Phone Number: _____ Date of Birth: _____

Home Address: _____

Male Female: Hair Color: _____ Eye Color: _____

Mother's Name: _____
Last First Middle

Address (if different than child): _____

Place of Employment: _____
Name/Phone No. Address/City/State

Email Address: _____

Father's Name: _____
Last First Middle

Address (if different than child): _____

Place of Employment: _____
Name/Phone No. Address/City/State

Email Address: _____

PERSON'S AUTHORIZED TO PICK UP CHILD (include self):

1. _____
Name/Phone No. Address/City/State

2. _____
Name/Phone No. Address/City/State

3. _____
Name/Phone No. Address/City/State

Child's Doctor: _____
Name/Phone No. Address/City/State

Child's Dentist: _____
Name/Phone No. Address/City/State

Emergency contact to call if parent cannot be reached and medical authorization may be obtained:

Name: _____ Phone No.: _____

Address: _____ Relationship: _____

Name: _____ Phone No.: _____

Address: _____ Relationship: _____

Hospital of Choice: _____
Name/Phone No. Address/City/State

Any Allergies or Health Problems we need to be aware of: _____

Special Instructions: _____

Emergency Medical Authorizations: I, _____, hereby give permission to the City of Thornton Preschool Staff to call a doctor for medical or surgical care for my child, _____, should an emergency situation arise. It is understood that a conscious effort will be made to locate my spouse or me before any action will be taken, but if it is not possible to locate us, this expense will be excepted by us. I understand that it is my responsibility to apply sunscreen to my child before bringing him/her to school.

Signature of Parent or Legal Guardian

Date