

Child's Name	Birth Date:	Home Phone:
Child's Address:	City:	Zip Code:
Parent/Guardian's Name:		Day Phone:
Guardian's Address (if different from child's):	City:	Zip Code:
Other person who can take my child:	Relationship:	Day Phone:
Other person who can take my child:	Relationship:	Day Phone:
Emergency Medical Attention		
Physician:	Address:	Phone:
Emergency Care Facility:	Address:	Phone:
I give consent to this physician, to this hospital or clinic, and to the school to authorize emergency medical treatment for my child.		
Signature of parent or legal guardian:		Date:
Health Requirements		
<p>One of the following must be presented within one week when your preschool-age child is admitted to the school. Check to indicate the option you select:</p> <p><input type="checkbox"/> A statement from my doctor's office that my child has been examined within the last year and has been found to be physically able to participate in a child care program. That statement is attached.</p> <p><input type="checkbox"/> A copy of the medical screening form of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program which indicates no referral for further diagnosis and treatment is needed.</p> <p><input type="checkbox"/> My child has been examined within the last 12 months by a licensed physician and is able to participate in a child care program. Within the next 12 months, I will obtain a physician's statement, a copy of the EPSDT medical screening form, or a form or statement from a health service or clinic verifying that my child can continue to participate.</p>		
Signature of parent or legal guardian:		Date:
<p>We must have a copy of your child's current immunization records and an updated copy every time the record is updated. Please attach a copy of the current record to this sheet.</p> <p>If medical diagnosis and treatment and/or immunization conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization would be injurious to your child or family, you must obtain a certificate signed by a physician to that effect and attach it to this form.</p>		
Agreements		
<p>As a part of enrolling in the school, you have received a copy of our Parent's Handbook. It tells you our philosophies, how we manage and discipline the children, and how we communicate. It's an important book and one for which you will receive periodic updates, many of which will be via our weekly newsletter. By continuing to keep your child with us, you agree to abide by the school's current policies and practices.</p>		
Signature of parent or legal guardian:		Date: