

# Gresham United Methodist Preschool Enrollment Information and Authorization Form

3 Year Old Class\_\_\_\_\_

T-Shirt Size\_\_\_\_\_

4 Year Old Class\_\_\_\_\_

Child's Name\_\_\_\_\_ Birthdate\_\_\_\_\_ Age\_\_\_\_\_ Sex\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ Zip\_\_\_\_\_ Phone\_\_\_\_\_

## Parent Information

Father's Name\_\_\_\_\_ Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Address\_\_\_\_\_ Employer\_\_\_\_\_ Work Phone\_\_\_\_\_

Email\_\_\_\_\_

Mother's Name\_\_\_\_\_ Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Address\_\_\_\_\_ Employer\_\_\_\_\_ Work Phone\_\_\_\_\_

Email\_\_\_\_\_

## Other's who reside with the child

Name\_\_\_\_\_ Age\_\_\_\_\_ Relationship to Child\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Relationship to Child\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Relationship to Child\_\_\_\_\_

Name\_\_\_\_\_ Age\_\_\_\_\_ Relationship to Child\_\_\_\_\_

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Does the child have any allergies or other health issues that we need to know about?\_\_\_\_\_

Family's religious preference is\_\_\_\_\_

Transportation to/from school is by: Car\_\_\_\_\_ Car Pool\_\_\_\_\_ Walking\_\_\_\_\_

## Notify if parent cannot be reached

Name\_\_\_\_\_ Relationship to Child\_\_\_\_\_ Home Phone\_\_\_\_\_

Address\_\_\_\_\_ Cell Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Name\_\_\_\_\_ Relationship to Child\_\_\_\_\_ Home Phone\_\_\_\_\_

Address\_\_\_\_\_ Cell Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

# Authorization Form

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Policy Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Photography

I give permission for my child to be photographed for publicity purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## First Aid

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Care

In the event of an emergency in which I cannot be reached, Gresham United Methodist Preschool has my permission to call an ambulance. The physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

List any restrictions to care \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Health Record Transfer

In the event of an emergency, I hereby authorize the transfer of my child's health records to the local hospital.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I do not wish my child to receive any medical treatment.**

Signature \_\_\_\_\_ Date \_\_\_\_\_