



Preschool Enrollment Form

Name of Child	Date of Birth
Parent/Guardian Name	Phone number where you can be reached while your child is in care:
Address	() <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> employer
	() <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> employer
	() <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> employer

MEDICAL INFORMATION
List any known allergies
Will any medications need to be administered while in care? If so, list
Are all immunizations up to date? If "no," list date of last immunization.
List any disabilities, special needs or developmental concerns

EMERGENCY CONTACT INFORMATION		
In the event that we are not able to contact a parent/guardian, please list anyone else who has permission to pick up your child. These individuals should be ready to show state identification upon arrival		
<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
1)		
2)		
3)		

CONSENT TO MEDICAL TREATMENT OF A MINOR
I give permission that my child, _____ may be given first aid/emergency treatment by a qualified staff member at <u>The Sanctuary Pre-K located at 410 Worth Street, Mt. Airy, NC 27030.</u>
When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right to informed consent to such treatment.
I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the state of North Carolina that this information is true and correct.

Parent/guardian signature

Date