

AUMC Preschool Registration Form 2011-2012

Child's Full Name _____ Male ___ Female ___

Child's Preferred Name _____ Date of Birth _____

Child's age on **September 1, 2011** ____ years ____ months

Home Address _____ City _____, TX Zip _____

Home Phone # _____ E-mail address _____

Mother's Name _____ **Father's** Name _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Work # _____ Work # _____

Cell # _____ Cell # _____

**If there are special concerns/directions regarding custody, please notify the director.*

EMERGENCY INFORMATION: In case of emergency, please notify if unable to contact parents/guardian (Texas State Standards requires 2 people)

1. _____
Name & relationship Full address Phone #

2. _____
Name & relationship Full address Phone #

PICK UP AUTHORIZATION: The following people may pick up my child *in addition to the parents and emergency contacts* listed above:

Names & Phone #s

1. _____

2. _____

3. _____

AUTHORIZATION FOR MEDICAL CARE In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness/accident, I hereby authorize the AUMC Preschool Director or her representative to take my child to:

_____ **or** _____ or a licensed physician.
Pediatrician Address/Phone # Name of hospital

Insurance Company _____ Policy # _____

SPECIAL NEEDS STATEMENT:

Allergies _____

Existing illness _____ Previous serious illness/injury _____

Medicine prescribed for long term continuous use _____

A copy of the child's most recent immunization record must be provided by August 31, 2010.

PHOTO/VIDEO RELEASE:

I give/do not give my permission for _____ to be photographed/video taped in the school setting. These would be used in program slide shows or for display around our building. Occasionally a photograph may be turned in to the local paper informing people of a special event that has or will be happening at AUMC Preschool. There will be no personal information such as addresses or phone numbers given.