



Child's Full Name _____
Address _____
City _____ State _____ ZIP _____
Home Phone _____
Sex _____ Age _____ Birth Date _____ Ethnic Origin _____
Child Resides With _____

Mother's Name _____ Mother's Email _____
Address (if not the same as child) _____
City _____ State _____ ZIP _____
Home Phone _____
Place of Employment _____ Occupation _____
Work Address _____
City _____ State _____ ZIP _____
Work Phone _____ Cell Phone _____ Cell Provider _____

Father's Name _____ Father's Email _____
Address (if not the same as child) _____
City _____ State _____ ZIP _____
Home Phone _____
Place of Employment _____ Occupation _____
Work Address _____
City _____ State _____ ZIP _____
Work Phone _____ Cell Phone _____ Cell Provider _____

Marital Status of Parents Married Unmarried Separated Divorced

Name(s) of Brother(s)	Birth Date	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name(s) of Sister(s)	Birth Date	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY MEDICAL CONSENT

In the event that my child may require emergency medical care while I am unable to be reached, I hereby give my consent to the personnel of Key West Early Childhood Center to secure such care. I give my consent for MEDICAL/DENTAL and/or SURGICAL TREATMENT. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. Note: Every effort will be made to notify parents/guardians immediately in case of emergency.

Medical Doctor or His/Her Designee to Provide Care _____
Dentist or His/Her Designee to Provide Care _____
Hospital Preference _____
Health Ins. Co. _____ Policy # _____

Parent Signature _____ Date _____

EMERGENCY CONTACTS

REQUIRED: Must list two (2) Emergency Contacts in case parents cannot be reached. Emergency contacts listed below also have permission to pick up my child.

Name _____
 Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Relationship to Child _____
 Place of Employment _____ Occupation _____
 Work Address _____ City _____ State _____ ZIP _____
 Work Phone _____ Cell Phone _____ Cell Provider _____

Name _____
 Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Relationship to Child _____
 Place of Employment _____ Occupation _____
 Work Address _____ City _____ State _____ ZIP _____
 Work Phone _____ Cell Phone _____

Preferred Doctor's Name _____ Phone _____
 Address _____ City _____ State _____ ZIP _____

Preferred Dentist's Name _____ Phone _____
 Address _____ City _____ State _____ ZIP _____

Hospital Preference _____
 List Child's Allergies _____

PICK UP PERMISSION

I hereby give permission for my child to leave the center with the following person(s) named below. It is the responsibility of the parents to notify the center of any changes.

Name	Address	Phone	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there is a separation or divorce custody problem of which we should be aware, please explain (documentation required). _____

Name of person who may **NOT** pick up my child _____

OTHER CONSENTS

Field Trips: I give permission for my child to participate in out-of-center travel in a car, van, or public transportation or on walks to nearby destinations. YES NO

I am aware of added charges and transportation and/or other services that may be provided that are not part of Key West Early Childhood Center's regular program, and I will be responsible for all bills incurred on behalf of my child.

Photos: I give authorization for my child to be photographed for use by the Center or to be used in various media.
 YES NO

Parent Signature _____ Date _____