

STUDENT ADMISSION INFORMATION

Operation's Name: **St. Philip's Preschool** Director's Name: _____

Date of Admission _____ Date of Withdrawal _____

Child's Name _____ Child's Age On Sept.1, 2025 _____

Child's Date of Birth _____

Child's Home Address _____

Name of Parents _____

Address of Parents _____

CONTACT INFORMATION

Phone Numbers where parents can be reached while child is in care

Preferred Contact Name & Number _____

Parent 1 Phone # _____ Parent 2 Phone # _____

EMERGENCY CONTACTS

Emergency Contact Person _____

Contact's phone _____

Contact's Address _____

AUTHORIZED ADULTS TO RELEASE CHILD TO:

I authorize St. Philip's Preschool to release my child **ONLY** with the following persons:

Name _____ Phone Number: _____

Name _____ Phone Number: _____

Name _____ Phone Number: _____

EMERGENCY MEDICAL CONTACTS

In the event I cannot be reached for emergency medical care, I authorize the person in charge to take my child to:

Doctor's name _____
Doctor's
Address _____
Doctor's phone
number _____

Name of Emergency Care Facility _____
Facility
Address _____
Facility
Phone # _____

Child's Parent or Legal Guardian

Date Signed

Does your child have any special needs or medical conditions which I should be made aware of?
Please describe _____

CONSENT INFORMATION

Field Trips

- I **give** consent for my child to participate in field trips. Parents will be provided advance notice
- I **do not give** consent for my child to participate in field trips.

Transportation

- I understand that St. Philip's Preschool does not transport children, except for emergency care.

SIGNATURES

I affirm that the information provide is accurate

Child's Parent or Legal Guardian

Date Signed