

Little Blessings Preschool Ministry
Ovilla Church of Christ

School Year: 20____ - 20____ Tues & Thurs____ Tues only____ Thurs only ____ Summer____

Child's name:_____ Date of birth:_____

Parent or Guardian name:_____

Address/City/Zip:_____

Phone: Mom cell:_____ home:_____

Dad cell:_____ home:_____

Emergency number (If parent can not be reached)

Name:_____ Phone:_____

Relationship:_____

ALL Persons that will be picking child up:_____

*****A phone call is required to release the child to anyone other than the people listed. A driver's license is required for verification.**

List any allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information the staff should be aware of. _____

I give _____ **OR** do not give_____ Little Blessings consent to transport my child on field trips. **(Notice of field trips will be given in advance)**

I give_____ **OR** do not give_____ Little Blessings consent to post pictures of my child on the Little Blessings face book page.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event that I can not be reached to make arrangements for emergency medical attention, I authorize the sponsors and attending physician to give emergency aid or treatment in case of injury or illness. I will be responsible for all charges incurred as a result of these emergency measures. I will not hold the sponsors or the church liable for accident or injury to my child during the hours he/she is in their care.

X _____
____Signature of Parent or Legal Guardian Date

*****I have read and understand the policies and procedures of the Little Blessings handbook. I will retain this handbook for my records, if any further questions arise.**

X _____
____Signature of Parent or Legal Guardian Date

*****Office use only: Reg/Supply fee paid: amount:_____ Date:_____ Shot record:_____**