



(Please Print)

**Child's First, Last Name** \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Preferred name at school)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Work # \_\_\_\_\_

Address (If different from child) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Work # \_\_\_\_\_

Address (If different from child) \_\_\_\_\_

Sibling name/age \_\_\_\_\_ Sibling name/age \_\_\_\_\_

Sibling name/age \_\_\_\_\_ Sibling name/age \_\_\_\_\_

Child's Physician/Clinic \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact #1/Authorized Pick-up**

(In case parent cannot be reached)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Emergency Contact #2/ Authorized Pick-up**

(In case parent cannot be reached)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Preferred Hospital** \_\_\_\_\_

**\*\*Known Allergies/Health Concerns** \_\_\_\_\_

\*\* Please list ALL other authorized adults who can pick-up your child below.

**Authorized Pick-up/Carpool**

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Relationship to child\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Relationship to child\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Relationship to child\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Relationship to child\_\_\_\_\_

Name\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Relationship to child\_\_\_\_\_

**Authorization:** I authorize St. Joseph's Preschool staff to take whatever emergency measures are necessary for the care and protection of my child. I understand this may involve calling 911 or contacting emergency resources before the parent. If my child must be transported, I am responsible for all costs.

Parent printed name\_\_\_\_\_

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_