

Daycare Provider _____

Name

Phone

Child is: ___ Right-Handed ___ Left-Handed ___ Unsure

If parent(s) cannot be reached, please list an emergency contact.

Name _____ Phone _____ relationship _____

Please list any medical conditions we need to be aware of.

EXAMPLES: asthma, allergies (including food allergies)

Please list any information which would be helpful to know in working with your child.

Examples would include habits, fears, favorites, sensitivities, pets, home discipline, etc.

First Names and Ages of Siblings: _____

Permissions and Acknowledgements

Share contact information with ELC Families (for playdates, birthday parties, etc):

___ Yes, we give permission to Cornerstone ELC to share phone numbers and addresses with other ELC families.

___ No, we do not want our contact information shared with other ELC families.

Class Trips

Your child may have the opportunity to attend class trips with his/her class throughout the year and you will be informed of these trips.

___ Yes, my child has permission to attend class trips with Cornerstone ELC

___ No, my child does not have permission to attend class trips with Cornerstone ELC.

Photo/Media Release

Pictures and names of the children may be used in print or on social media to show school activities or for promotion purposes.

Indicate your preference:

___ Yes, my child's photo and name may be used by Cornerstone ELC.

___ No, my child's name and photo may not be used by Cornerstone ELC.

Parent Signature _____

Date _____

(for the above indications)

EMERGENCY

In the event of an emergency involving your child, we will do our best to contact you. However, if you cannot be reached, your signature below gives permission for us to seek/provide medical care for your child. (ambulance, etc.)

Also, the signature below acknowledges you are informed tuition payments are due by the first of each month, September-May.

Parent's signature _____