

# Admission Info – Form 2935

Operation Name <b>The Ridge Preschool</b>		Date of Admission	Date of Withdrawal
Child's Full Name		Date of Birth	Home Telephone
Home Address			
Father or Guardian's Name		Cell Phone	
Mother or Guardian's Name		Cell Phone	
<b>Emergency Contact</b> Please list a contact person to call in the case of an emergency if parents/guardian cannot be reached.			
Name		Phone	
Address		Relationship	
<b>Authorization for Release</b> I authorize The Ridge Preschool to allow my child to leave the childcare operation with the following persons. Children will <b>ONLY</b> be released to a parent or a person designated below after verification of ID.			
Name		Phone	
Name		Phone	
<b>Authorization for Activities</b>			
<b>Transportation emergency only:</b> I hereby	give	do not give	consent for my child to be transported and supervised by the operation's employees for emergency care only.
<b>Water Activities:</b> I hereby	give	do not give	consent for my child to participate in water activities such as sprinkler play, shallowly filled splashing/wading pools & water table play.
<b>Photo/Video:</b> I hereby	give	do not give	consent for my child's image to be captured for purposes of class projects, school newsletters, the TRP website or social media. No personal info will be published.
I acknowledge receipt of The Ridge Preschool's operational policies including those for discipline and guidance to be distributed at Meet the Teacher Night.			<b>PARENT INITIALS</b>
<b>Authorization for Emergency Medical Attention</b> In the event I cannot be reached to make arrangements for emergency medical care, I authorize TRP to take my child to:			
Name of Physician:		Phone:	
Address:			
Name of Emergency Medical Care Facility:		Phone:	
Address:			
I give consent for the facility to secure any and all necessary emergency medical care for my child.			
<b>SIGNATURE – PARENT OR LEGAL GUARDIAN</b>			
List any special problems your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalization during the past 12 months, any medication prescribed for long-term continuous use, any other info caregivers should be aware of. <b>Please specify whether this is Physician Diagnosed or Parental Preference.</b>			
<b>NO</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>

**SIGNATURE – PARENT OR LEGAL GUARDIAN**

**DATE**