

**Children's Tree House Preschool & Childcare, LLC.**

ALL information must be complete

Child's Name:

Birth date:

Start date:

Home address:

1. Will be called first

2. Will be called second

Parent/Guardian Name:	Parent/Guardian Name:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Employer Name:	Employer Name:

**EMERGENCY CONTACTS:** are authorized to pick up my child and are contacted when parent/guardian cannot be reached.

**Emergency Contact #1** Name: Phone number: Relation to child:

**Emergency Contact #2** Name: Phone number: Relation to child:

**ALL MUST BE WITHIN 1 HOUR DRIVE OF THE CENTER AND 18 YEARS OF AGE.**

Child's Physician:

Hospital:

Insurance Company:

Policy #:

Group #:

Date of Last Tetanus:

Allergies/Other Health Concerns:

I hereby give consent for emergency medical treatment to be administered if I cannot be reached immediately. I understand that the policies and procedures set forth by WHCC for first aid practices and procedures for serious accidents as noted in the Parent Handbook. It is the parent/guardian's responsibility to make sure all information is up-to-date in case they need to be contacted on any given day.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_