



# Children's Tree House Preschool & Childcare, LLC

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Start date: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

## Parent/Guardian Contact Information:

### 1. Will be called first

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

### 2. Will be called second

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

## Emergency Contact Information:

These individuals are authorized to pick up my child and are contacted when a parent/guardian cannot be reached. These individuals are at least 18 years of age and are able to be at the center within one hour of being contacted.

### 1. Will be called first

Contact Name:
Relationship to Child:
Phone:

### 2. Will be called second

Contact Name:
Relationship to Child:
Phone:

## Emergency/Medical Care Information:

Child's Physician Name:	Insurance Company:
Hospital/Clinic:	Policy #:
Date of Last Tetanus Vaccine:	Group #:

I give consent for emergency medical treatment to be administered if I cannot be reached immediately. I understand 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.

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

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