

Days Attending: \_\_\_\_\_

**All Saints' Episcopal Preschool Registration 2012-13  
ADMISSION & MEDICAL RELEASE FORM**

Child's Full Name	Name Child is Known By
Date of Birth	Child's Home Address
Name of Parent(s) or Guardian	Home Telephone Number
Address of Parent or Guardian	
Mother's Employer Telephone Number	Father's Employer Telephone Number
Mother's Cell Number	Father's Cell Number
Primary E-mail Address (Monthly invoices and reminders will be emailed to this address)	Instructions on how the parent(s) or guardian is to be reached in case of an emergency
Secondary E-mail address	

**EMERGENCY CONTACTS**

People to contact in case of illness/emergency if parent cannot be reached:

Name	Relationship	Telephone Numbers

**AUTHORIZATION TO RELEASE CHILD**

It is ASEP policy that children must be brought into the center and picked up by a parent, guardian, or other authorized person. If a child is to be picked up by someone not on the 'child's release' section on your child's admission record, the parent must provide written authorization giving the name and of the person picking up the child. A photo I.D. is required. **We will not release children to an unauthorized person.** Authorized persons must be nineteen years of age or older. **If checking your child out early or before the end of the preschool day, YOU MUST sign in at the front desk.**

Name	Relationship	Telephone Numbers

**AUTHORIZATION TO PHOTOGRAPH CHILD**

During the school year we may take pictures of the children in our preschool during classroom activities and celebrations. Please check the appropriate boxes to give permission to take and/or publish pictures:

Classroom pictures taken by the teacher     Publish on All Saints' Website     Newspapers/journals

**PARENT ASSOCIATION**

Please check here any or all of the boxes below that pertain to your interests:

Fundraising     Substitute teaching     Room Mom     Book Fair     Special Events     Workroom Volunteer

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**Medical Release Form**

Child's Name	Child's Physician/Phone Number	Child's Dentist/Phone Number
Medical Coverage	Policy Number	Group Number
Primary Insured		

Please list all medical allergies, medications taken regularly and any other medical information.

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I (we) understand that, in the event medical treatment is required, every reasonable effort will be made to contact me. If I cannot be reached, I give my permission for All Saints' Episcopal Preschool to obtain emergency medical treatment for my child. If I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the necessary care, including anesthesia for my child's well being.

I (we), the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors or staff from any and all claims of past, present or future arising out of any damage or injury while employed by or participating in any events.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date