



**St. David's Christian Early Learning Center  
Student Information and  
Emergency Release**

For Office Use Only:	Date of admission _____
Info confirmed/updated _____	, _____, _____, _____

**Student Information:**

<b>Child's Full Name</b>	<b>Date of Birth</b>
<b>Nickname if any</b>	<input type="checkbox"/> male <input type="checkbox"/> female
<b>Address</b>	
<b>Home phone</b>	

**Parent/Guardian Information:**

<b>Mom/Guardian</b>	<b>Dad/Guardian</b>
Name: Occupation: Work Phone: Cell Phone: Email:	Name: Occupation: Work Phone: Cell Phone: Email:

**More about your Child:**

<b>Names and ages of siblings:</b>
<b>Other important people:</b>
<b>Has your child attended another program with a group of children?</b>
<b>What (if any) church do you attend regularly?</b>
<b>Does your child have special needs? (if so, please explain)</b>
<b>Does your child have any allergies or medical issues? (if so, please explain)</b>
<b>What are your child's favorite activities, toys, interests?</b>
<b>Does your child have a dominant hand? Right ___ Left ___ Uses both _____</b>
<b>Is there anything else we should know about your child?</b>

**Student Information and Emergency Release (page 2)**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Emergency Contacts:**

Name/Relationship to child	Phone	Has Permission to pick up the child
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no

I give permission for St. David's CELC to list my contact information in the student directory	<input type="checkbox"/> yes <input type="checkbox"/> no
I give permission for St. David's CELC to use my child's photo (without name or identifying information) in its advertising or website.	<input type="checkbox"/> yes <input type="checkbox"/> no
I give permission to share results of vision, hearing, and speech screenings with St. David's Staff	<input type="checkbox"/> yes <input type="checkbox"/> no
I have received the Parent Handbook for preschoolers or the MDO Parent Information, and I understand the policies and procedures described.	<input type="checkbox"/> yes <input type="checkbox"/> no

**Medical Information:**

Known allergies to medications or other substances:	
Primary Physician:	Phone:
Dentist Name:	Phone:
Hospital Preference:	
Insurance Carrier:	
Group Number:	Policy Number:

**Emergency Consent:**

<p><b>I agree that Jennifer Yoon, Director of St David's Early Learning Center, or representative may authorize emergency medical care in the event that neither I nor the family physician may be contacted immediately. I also give permission for my child to be transported off the premises in the event of an emergency.</b></p>	
Parent Signature:	Date:
Director Signature:	Date: