



Starshine Preschool/Parent's Day Out Student's Confidential Information Sheet

Child's Full Name _____ Male _____ Female _____

Date of Birth _____ Home Phone _____

Address _____ City _____ Zip _____

Previous Schooling _____

Child lives with: () Both Parents () Mother () Father () Step-parent () Guardian

Mother's Name _____ Cell or pager # _____

Employed by _____ Work phone # _____

Job Title/Occupation _____ E-mail address _____

Father's Name _____ Cell or pager # _____

Employed by _____ Work phone # _____

Job Title/Occupation _____ E-mail address _____

Step-parent's name _____ Cell or pager # _____

Employed by _____ Work phone # _____

Job Title/Occupation _____ E-mail address _____

Guardian's name _____ Cell or pager # _____

Employed by _____ Work phone # _____

Job Title/Occupation _____ E-mail address _____

Siblings names and ages:

Emergency Contact Phone numbers if unable to reach the Parents/guardian:

1. Name _____ Relationship to child _____ daytime Phone # _____

2. Name _____ Relationship to child _____ daytime Phone # _____

Who picks up the child other than those listed above. List name and relationship to child.

() Check this box if there are any restrictions on who sees or picks up your child during school hours. If checked, please provide current legal documentation to support these restrictions. List name(s) of restricted individuals: _____



Starshine Preschool/Parent's Day Out Parental Permission and Release Form

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As the parent(s)/guardian of _____, a minor child, I/we authorize *Starshine Preschool/Parent's Day Out* of Independence, MO, to act on our behalf in seeking medical treatment by a licensed health care provider (clinic, hospital or private doctor) in the event of an emergency under provisions of Medical Practice Act. It is understood that the school will contact the parent(s)/guardian as soon as possible in the event of an emergency (accident, injury, or illness). As the parent(s)/guardian, I/we assume financial responsibility for all charges incurred for any treatment during an emergency. This authorization will remain in effect until July 1, 2008 unless revoked in writing and delivered to *Starshine Preschool/Parent's Day Out*.

In an extreme emergency we will send your child to the nearest emergency room.

Preferred Physician and Hospital to be used are:

Physicians name _____ Phone # _____

Insurance Co. _____ Policy # _____ ID# _____

Hospital _____ Comments _____

Please provide any medical information which would be beneficial in case of an emergency, including any allergies: _____

STATE HEALTH REGULATIONS REQUIRE DOCUMENTATION OF CURRENT IMMUNIZATIONS TO BE ON FILE AT THE SCHOOL FOR THE STUDENT TO BE IN ATTENDANCE.

FIELD TRIP PERMISSION

In applying for enrollment of my/our child, _____, at Starshine Preschool/Parent's Day Out, I/we give permission for him/her to take part in activities sponsored by Starshine Preschool/Parent's Day Out under proper supervision, including field trips or excursions away from the school premises. It is my understanding that I will be notified when such trips are planned.

It is expressly understood that I/we release Starshine Preschool/Parent's Day Out, the Board, the Director, or Teachers from liability arising from the above mentioned activities, and further, I/we will hold harmless and indemnify those entities against claims I/ we may have. None of the undersigned, nor anyone claiming through us, will bring, commence, prosecute or maintain, cause or permit to be brought any suit or action for injury arising out of these activities.

PICTURE RELEASE

I hereby do () do not () give consent for my child to be photographed for use by the center. The photographs may be used in newspapers or other media for the purpose of publicity.

I have read all of the above information and agree with the terms stated.

Parent/Guardian Signature _____ ***Date*** _____

Parent/Guardian Signature _____ ***Date*** _____