



## SMPK

### Which Program will your child be participating in?

Bright and Early

Lunch Bunch

Stay and Play

### Registration form

**CHILD'S NAME:** \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

**ALLERGIES AND MEDICATIONS:** \_\_\_\_\_

Food Restrictions \_\_\_\_\_

Parents' or Guardians' names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell #1 \_\_\_\_\_

Cell #2 \_\_\_\_\_ Work \_\_\_\_\_

### EMERGENCY CONTACT (if we can't reach you):

Name / relationship to child: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

### EMERGENCY

In case of emergency involving my child, and if Stockbridge Methodist Preschool and Kindergarten cannot reach me, I hereby authorize any needed emergency care. I agree to be responsible for all expenses incurred during the treatment of the child.

I authorize teacher/staff of Stockbridge Methodist Preschool to administer first aid to my child if necessary.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical insurance carrier \_\_\_\_\_

Insured Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

### PICK UP INFORMATION

What other children will be picked up with this child?:

\_\_\_\_\_

In addition to the contacts listed above, the following people may pick up my child(ren):

Name	Relationship	Phone
------	--------------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------