



Please complete all fields and all pages of packet. Use your Tab key to move between fields.

Child's Name: _____ Date of Birth: _____
 Mother's Name: _____ Mother's Work Hours: _____
 Mother's Address: _____ City, St., Zip: _____
 Mother's Cell: _____ Mother's Home: _____ Mother's Work: _____
 Father's Name: _____ Father's Work Hours: _____
 Father's Address: _____ City, St., Zip: _____
 Father's Cell: _____ Father's Home: _____ Father's Work: _____

Emergency Contacts:

1. Name: _____ Address: _____
 Home Phone # _____ Work Phone # _____ Cell Phone # _____
 2. Name: _____ Address: _____
 Home Phone # _____ Work Phone # _____ Cell Phone # _____
 3. Name: _____ Address: _____
 Home Phone # _____ Work Phone # _____ Cell Phone # _____

Weeks	Morning 7:40 – 11:15	Full Day 7:40-3:00
June 5 - 9		
June 12 – 16		
June 19 – 23		
June 26 - 30		
July 3 - 7		
July 10 - 14		
July 17 – 21		
July 24 - 28		
Total Weeks		
Price per Week	\$180.00	\$250.00
TOTAL DUE (Total weeks times price per week)		
TOTAL PAID		



Permission to Administer Emergency Medical Aid/Medical History

Child's Full Name: _____

Child's Address: _____

Child's Health Information

Birth Date: _____ Height: _____ Weight: _____

Child's Dietary Requirements: _____

Please list all allergies including allergies to medication, foods, and environmental allergens (ie: bees, poison ivy, grass, latex):

List any restrictions, or impairments: _____

Please list any medical conditions for which your child is currently being treated. Please include the name and phone number of any medical specialist who cares for your child: _____

Parental/Guardian Information

Father's Name: _____ Mother's Name: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Home Phone: _____ Mother's Home Phone: _____

Child's Physician Name and Clinic: _____

Address: _____ Phone Number: _____

Emergency Treatment Facility Name: _____

Address: _____ Phone Number: _____

Consent for emergency medical care:

I, _____ Father, Mother, Guardian (CROSS OUT WORDS THAT DO NOT APPLY)

of _____ do hereby give consent to the Head of School, or his/her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon, dentist or other medical professional in case of an emergency or medical need. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power to render any care, which the medical provider in the exercise of his/her best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. Consent is also given for the Head of School or his/her duly appointed representative to transport said child for emergency medical treatment or arranged ambulance transport if deemed necessary. By my signature below I/we do agree to hold WFMS, its agents and authorized representatives harmless in the event such authorized agent, or authorized representative aids the child enrolled under this contract.

Parents understand that any expenses incurred for transporting or treatment for above child will be the responsibility of the parent.

Signature of parent or guardian: _____ Date: _____



Child Release Authorization

In the event that you cannot be here to pick up your child(ren), we need to have the names of the individuals we can release your child to on file. Please limit to 3 adults.

The adult who picks up your child MUST bring PHOTO ID with them or he/she will NOT be able to pick up your child.

Student's Name: _____

Mother's Name: _____

Phone #: _____ Cell Phone # _____

Father Name: _____

Phone #: _____ Cell Phone # _____

List below all adults that have permission to pick up your child. Besides parents, ONLY the adults you list below have permission to pick up your child.

Adult's Full Name: Relationship to Child Phone Number & Cell Phone
(other than custodial parent)

1. _____

2. _____

3. _____

Comments: _____

Parent's Signature: _____ Date: _____