

ABC/123

Preschool Classes

Emergency Contact

I, _____, the parent/Legal Guardian of the participant (s) listed below:

	<u>Childs Name:</u>	<u>Birth Date:</u>	<u>Program:</u>
1:	_____	_____	_____
2:	_____	_____	_____

Give permission for medical services to be administered to my child /participant listed above. I understand that the Town of Queen Creek/ABC123 does not carry accident insurance for these programs. I agree to indemnify and hold harmless the Town of Queen Creek/ABC123 from all losses or injuries sustained during my child/participant. I also give permission for any photo/video taken of my child/participant to be used in ABC/123.

Parent/Guardian Signature: _____ Date _____

In case of emergency, please contact: (please print)

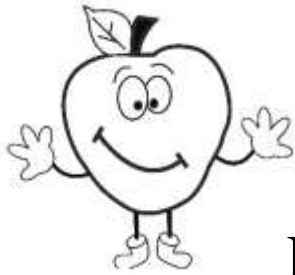
<u>First Contact:</u>	<u>Second Contact:</u>
Name: _____	Name: _____
Cell Number: _____	Cell Number: _____
Text Notifications? Y / N	Text Notifications? Y / N
Home Number: _____	Home Number: _____
Relationship: _____	Relationship: _____

List any physical problems/condition or allergies to food know:

THIS IS NOT A NUT/PEANUT FREE ENVIROMENT. *If special needs are needed, please see Ms. Jody.*

Alternate pick-ups: (please list the names and contact information for people permitted to pick-up your child) if someone other the myself will be picking up my child from class I will **notify staff in writing** and the person will be required to show photo ID before my child is released.

	Name	Relation	Phone Number
1:	_____	_____	_____
2:	_____	_____	_____



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Policy Acknowledgement

Parents: Please read the attached information regarding our ABC/123 policies. When you have read them, please sign and return this acknowledgement sheet.

I, _____, the parent/legal guardian of the participant(s) listed below:

1: _____

2: _____

I have read and understand the **Parent Guide**, **Late Fee** policy, **Behavior** policy and the **Refund** policy.

Parents/ Guardian Signature: _____

Date: _____