

St. Theresa of Calcutta Catholic Preschool Registration
107 East South Street, Box 815 Calmar, IA 52132 563-562-1018

Student's Full Name _____ Date of Birth _____ Age _____

Religious Preference _____ School District _____

PARENT/GUARDIAN CONTACT INFORMATION

1st Contact: Name _____ 2nd Contact: Name _____

Complete Address: _____ Complete Address: _____

Home Phone: _____ Cell Phone: _____ Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____ Employer: _____ Work Phone: _____

E-mail address: _____

EMERGENCY CONTACTS: If we cannot reach you in an emergency, whom can we contact?

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Hospital: Name _____ Phone _____

Complete Address: _____

Doctor: Name _____ Phone _____

Complete Address: _____

Dentist: Name _____ Phone _____

Complete Address: _____

Health Insurance Name: _____

ID# _____

Dental Insurance Name: _____

ID# _____

Present Medication _____ Known Allergies _____

Short medical history or problems: _____

Date of last tetanus: _____

This form gives permission for medical care in parental absence and must be presented upon admission for treatment. Every effort will be made to notify the parent or guardian immediately in case of emergency.

In the event that my child, _____, requires medical or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical or surgical treatment to the _____ and Doctor _____, or his or her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care or treatment for my child as secured or authorized under this consent.

This consent will be in effect beginning _____ and ending _____.

Date: _____

Parent or Guardian Signature

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_____ **Travel & Activity Authorization** - I give permission for my child _____ to leave with C.F.S. Catholic Preschool for trips in a car or on public transportation to special places, walks to the park, shopping trips, etc.

Restrictions on such trips _____

_____ **Picture Release** – I give my consent to let my child be photographed for use by the center in newspapers or other media.

_____ **Pick-up Permission Form** – I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any changes.

Name & Phone Number

Relationship

Date: _____

Parent or Guardian Signature