



Summer Program Registration 2020

Child's Name _____ Birth Date _____

Address _____ City _____ Zip Code _____

Home Phone _____ Mother's Cell Phone _____

Father's Cell Phone _____ Preferred email address _____

Mother's Name _____ Father's Name _____

Physician's Name _____ Phone _____

Physical, emotional or medical needs of the child (including allergies):

Emergency Contacts other than Parent/Guardian:

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Persons authorized to pick up my child at Little Blessings:

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

In the event of an illness or accident which requires emergency medical treatment at a time when a parent cannot be reached, I give permission for the director, or other preschool personnel designated by the director, to authorize such treatment. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, or other persons listed for emergency contact. I authorize my child's teacher to apply the sunscreen that I have provided.

Signature of parent/guardian:

_____ Date _____