

Aquinas Academy Preschool Summer Program 2019
Confidential Form

(Please complete entire form. Print responses legibly.)

Name of Child _____ Date of Birth _____

Home Address _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email Address _____

If parents cannot be reached, who should be contacted in case of an emergency?

Name _____ Phone _____

Address _____ Relationship to child _____

Name _____ Phone _____

Address _____ Relationship to child _____

Doctor's Name _____ Phone _____

Describe any current health problems your child may have _____

Child's allergies, if any _____

If allergic, a doctor's note/form is required indicating specific reactions and procedures. (Forms are available in the office). Any medical equipment needed for the child must be provided. For safety reasons, we recommend that children with allergies provide their own snack and lunch.

No nuts of any kind are permitted at the school!

The following is a list of adults who have permission to pick up the child:

I have read and completed all of the above information and consent that my child may participate in any and all activities sponsored by Aquinas Academy Preschool.

_____ Date _____