




# CITY OF LOUISVILLE

## Student Information Form

Building Blocks \_\_\_\_\_ AM \_\_\_\_\_ PM  
 Stepping Stones \_\_\_\_\_ AM \_\_\_\_\_ PM  
 Start Date: \_\_\_\_\_

Please write N/A for anything not applicable. If you do not have any emergency contacts listed and we are unable to reach you, your child will be turned over to the local authorities. Please write inside the lines as the emergency will be trimmed and laminated. Anything outside of the lines will be lost. Thank you!

City of Louisville Preschool Emergency Card 2011-2012					
<b>Child's Information</b>			 <p><b>Please tape a Recent Photo of Child Here</b></p>		
First Name		Last Name			
Address					
Date of Birth	Gender: M / F	Eye Color			
Height	Weight	Hair Color			
Allergies, Health, or Behavioral Concerns, etc: <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain:					
<b>Primary Guardian</b>					
First Name	Last Name	Relationship to Child	Primary Phone	Secondary Phone	
Home Address		E-Mail			
Employer Name		Employer Address			
<b>Secondary Guardian</b>					
First Name	Last Name	Relationship to Child	Primary Phone	Secondary Phone	
Home Address		E-Mail			
Employer Name		Employer Address			
<b>Emergency Contact / Authorized to Pick Up #1</b>					
First Name	Last Name	Primary Phone	Home Address		
<b>Emergency Contact / Authorized to Pick Up #2</b>					
First Name	Last Name	Primary Phone	Home Address		
<b>Emergency Contact / Authorized to Pick Up #3</b>					
First Name	Last Name	Primary Phone	Home Address		
<b>Emergency Contact / Authorized to Pick Up #4</b>					
First Name	Last Name	Primary Phone	Home Address		
<b>Emergency Information</b>					
Physician		Phone	Address		
Dentist		Phone	Address		
Hospital of Choice		Phone	Address		
Medical Insurance Co.		Phone	Group / Policy #		
<p>I give my permission to staff to call a physician or emergency service for medical, dental or surgical care for my child should an emergency arise. I understand that all expenses incurred for the care of my child will be assumed by myself, I give staff complete authorization to speak for me and sign the necessary paperwork in order to gain medical care for my child.</p> <p style="text-align: center;"><b>X</b> _____ Guardian Signature</p>			<p><b>Office Use Only</b></p> <p>____ Medications:</p>		
<p>_____ Date</p>					

Please do not write outside of the emergency card—Please do not write outside of the emergency card—

Family E-mail: \_\_\_\_\_ Yes, please include us in the preschool directory!

Does your child have a different name/nickname you would like us to refer to them as (this would then go on all their written materials and be used for literacy projects)? \_\_\_ No, \_\_\_ Yes: \_\_\_\_\_

Any doctor documented intolerance to drugs, medication, sunscreen, food or recommended special diets? \_\_\_ No \_\_\_ Yes, please explain: \_\_\_\_\_

Medications regularly taken at home: \_\_\_ No \_\_\_ Yes, please explain: \_\_\_\_\_

Medications that will need to be taken during class: *(If medications need to be taken during class, be sure to complete Medication Administration or Severe Allergy forms and read the information in the Preschool Handbook. Call Mandy Perera with any questions, 303-335-4902).* \_\_\_ No \_\_\_ Yes, please explain: \_\_\_\_\_

Any previous illness, injury, medical conditions or behavioral issues that we need to be aware of? \_\_\_ No \_\_\_ Yes, please explain: \_\_\_\_\_

Please **INITIAL** the following categories to indicate that you have read and fully understand each item. All items must be agreed upon to be enrolled in the program:

\_\_\_\_\_ I have read the Preschool Handbook. I understand and agree to comply with the rules and regulations contained within.  
(Initials)

\_\_\_\_\_ I agree to comply with the procedures regarding programs hours. I understand that I need to bring and pick up my child promptly from class, and that a \$1/minute late pick-up fee will be assessed for any pick-ups after the class ending time.  
(Initials)

\_\_\_\_\_ I give permission for my child to walk to nearby possible field trips (e.g. police dept, fire dept).  
(Initials)

\_\_\_\_\_ I give permission for the City of Louisville to photograph and/or videotape my child during class. I understand that there is no compensation paid by the City of Louisville or any other party to my child, myself and/or any person on behalf of my child with the respect of the usage of my child's images. I understand that the photographs may be used as promotional materials including, but not limited to advertising purposes.  
(Initials)

\_\_\_\_\_ I give permission for my child to watch videos which are related to the curriculum theme. All videos are rated G and are previewed by the teachers. Television is not part of the early learning curriculum.  
(Initials)

\_\_\_\_\_ I agree to notify the teachers in writing of any on-going changes in my child's schedule, including tardiness or absence.  
(Initials)

\_\_\_\_\_ The City of Louisville asks that parents apply sunscreen before class and will assume that all parents have done so each day. I give permission for staff to re-apply sunscreen if deemed necessary.  
(Initials)

By registering for Stepping Stones or Building Blocks, Parent, Legal Guardian, Participant recognizes and acknowledges that there are certain risks of physical injury and agrees to assume full risk of any injuries, property damage or loss which participant may sustain as a result of participating in any and all activities connected with or associated with the program. The Parent, Legal Guardian, Participant hereby voluntarily releases, waives, discharges and agrees not to sue the City of Louisville and its employees, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and leasees of the premises used to conduct the event, and their officers, directors, agents and employees (all for the purposes hereinafter collectively referred to as "Releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs and next of kin for any and all claims, demands arising from injury, including but not limited to death or damage to property, caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise. I authorize and consent to the publication of myself and my child, whether by television, newsprint, written advertisements or otherwise, or any materials contained in my name or picture for participation in any event.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_