

MUM Preschool Student Information Card

Student's Name _____ Class _____

Address: _____

Phone number: _____ Birthday _____ Age _____

Mother's Name _____ Phone during Preschool Hours: _____

Father's Name _____ Phone during preschool hours: _____

Emergency Contact Name (if unable to reach parents): _____

Emergency Contact phone number: _____

Medical Insurance Co. _____ Group Policy # _____

Please list any health issues for us to be aware of: _____

Please list food allergies: _____

Other special needs to be aware of: _____

Please list below **Names of Adults** who have permission to pick up your child from MUM Preschool:

Participation Agreement: *I give permission for my child to join in any MUM preschool activities at Monroeville United Methodist Church during it school year. (Note: additional permission forms will be sent home for participation in any off sight fieldtrips).*

Medical Consent: *In the event of a medical emergency, I authorize any teacher to take all responsible and necessary steps to ensure my child's well being, including obtaining medical services. I understand that our insurance will be the primary insurance to be used in the event of emergency and we assume responsibility for any expenses incurred. I understand that the staff will do everything within their ability to ensure the safety of my child in their care.*

Parent Signature _____ Date _____