

Vista Ridge Methodist Discovery Preschool
2017 Summer Camps

July 11-13 ____ July 18-20 ____
August 1-3 ____ August 8-10 ____

Child's name _____ Birthdate _____

Address _____ City _____

Sex: M F Preschool class or grade completed ____

Mother's name _____ Email _____

Home/Work phone _____ Cell phone _____

Father's name _____ Email _____

Home/Work phone _____ Cell phone _____

Emergency contact _____

Persons authorized to pick up my child:
(name, phone number and driver's license number)

Vista Ridge Methodist Discovery Preschool

Emergency Medical Consent Form

Vista Ridge Discovery Preschool has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother's name _____

Home phone _____ Cell phone _____

Father's name _____

Home phone _____ Cell phone _____

Insurance provider _____

Member ID# _____ Group # _____

Physician's name _____ Phone # _____

Preferred hospital/treatment center _____

Current medications _____, _____

Allergies _____, _____, _____

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in preschool.

Signature of parent

Date

Signature of parent

Date