



Student Information and Authorization Form

Child's Name _____ Date of Birth _____

Class Enrolled in: _____

Parent/Guardian
Names _____

Parent Email Address

Emergency Contact Information (must list two other than parents/guardians)

Name/Address _____

Daytime Phone Number _____ Relationship _____

Name/Address _____

Daytime Phone Number _____ Relationship _____

Alternate Authorized Pick-Up Information (list names of people who are authorized to pick up your child. We will require I.D. from those we do not know.)

Name _____

Daytime Phone Number _____

Name _____

Daytime Phone Number _____

Medical/Dental Information

Name of Child's Medical Doctor _____

Clinic Phone Number _____

Clinic Address _____

Name of Child's Dentist _____

Clinic Phone Number _____

Dental Clinic Address _____

Four Seasons Nature Preschool will make every effort to meet the needs of all children enrolled in our program. If you believe your child may have needs that will require additional planning or preparation on part of the school, please indicate below.

Dietary and Medical Needs (check one)

My child has no known allergies, medical needs, or dietary restrictions.

My child has allergies/sensitivities or special dietary needs.

Please describe:

Important: If your child has a severe or life-threatening allergy or medical condition, please notify the teachers in person.

I understand that any special food for my child that is not usually supplied by the school will be provided for school use by my family.

Information/Publication Release

I give permission for my child's name and family contact information (email, phone, address) to be listed in a class directory. yes no

I give permission for my child's (check all that apply) artwork photo video image

To be included in:

Four Seasons newsletters Four Seasons website Four Seasons Facebook page

I have carefully read and understand the above information. I have indicated my consent and authorization where applicable.

Parent/Guardian Signature

Date