

First Presbyterian Weekday Preschool  
189 Church Street  
Marietta, GA 30060  
770.427.2166; [Preschool@fpcmarietta.org](mailto:Preschool@fpcmarietta.org)

Class \_\_\_\_\_  
Teacher \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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Child's name \_\_\_\_\_ Birth date \_\_\_\_\_  
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Mom's name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
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Dad's name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
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Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_  
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**ALLERGY  
ALERTS**

**EMERGENCY CONTACTS (other than parents!)**

Name	Relationship to child	Home Phone & Cell Phone
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

**CHILD RELEASE INFORMATION**

I authorize that my child may be released by FPC Weekday Preschool to the following person(s).

Name	Relationship to child	Home Phone & Cell Phone
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

**IS THERE ANYONE SPECIFIC YOUR CHILD SHOULD NOT BE RELEASED TO?**

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**MEDICAL RELEASE AUTHORIZATION**

In the event of a medical emergency involving my child,

\_\_\_\_\_  
Print Child's Name

I understand that First Presbyterian Weekday Preschool will make every effort to contact me. If the school cannot reach me, I give permission for the school to seek medical attention for my child. Any medical fees incurred will be my responsibility.  
I agree to hold harmless the Weekday Preschool for their actions on my behalf.

\_\_\_\_\_  
Parent or Guardian Date Signed