

First Presbyterian Weekday Preschool
189 Church Street
Marietta, GA 30060
770.427.2166; Preschool@fpcmarietta.org

Class _____
Teacher _____

EMERGENCY CONTACT INFORMATION

Child's name		Birth date	
Mom's name	Home Phone	Cell Phone	Work Phone
Dad's name	Home Phone	Cell Phone	Work Phone
Pediatrician		Phone	

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?

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