



Entering Grade _____
Date Enrolled _____
Teacher's Name _____

This form must contain only one child's name, be the original notarized form, and be updated annually. Please provide three copies of this form for each child.

RELEASE FOR EMERGENCY CARE & ENROLLMENT RECORD 2008-2009				
Child's Full Name:			Date of Birth:	
SSN# (required)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Baptismal Date:	
Home Church:		Would you like to learn more about Grace Lutheran Church YES <input type="checkbox"/> NO <input type="checkbox"/>		
Name of Custodial Parent(s)/Legal Guardian				
Address:		City, State:		Zip:
Home Phone:		Cell Phone:		
Mother's Name:				
Address:		City, State:		Zip:
Home Phone:		Cell Phone:		E-mail Address:
Place of Employment:				
Employers Address:		City, State:		Zip: Work Phone:
Father's Name:				
Address:		City, State:		Zip:
Home Phone:		Cell Phone:		E-mail Address:
Place of Employment:				
Employers Address:		City, State:		Zip: Work Phone:
Other Household Members: Adults			Relationship:	
Siblings and Ages:				
Emergency Contact: The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent of legal guardian. The following people are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason the custodial parent(s) or legal guardian (s) cannot be reached:				
Name:	Relationship:	W#	H#	C#
Address:		City, State:		Zip
Name:	Relationship:	W#	H#	C#
Address:		City, State:		Zip
Name:	Relationship:	W#	H#	C#
Address:		City, State:		Zip

Child's Physician/Health Resource:		Phone :	
Address:	City, State:	Zip:	
Hospital Preference:		City:	
Medical Insurance Company:	Policy #	Exp. Date:	
Known Allergies:		Medicines Taken Routinely:	
Child's Dentist:		Phone:	
Address:	City, State:	Zip:	
PRE-SCHOOL ONLY			
My Child Will Be Full Time M-F: YES <input type="checkbox"/> NO <input type="checkbox"/>		My Child Will Be Part-Time M-F: YES <input type="checkbox"/> NO <input type="checkbox"/>	
The center will provide my child with am/pm snacks only.			
I have received a copy of the "Know Your Child's Children Center" brochure and a copy of the children's center discipline policy: YES <input type="checkbox"/> NO <input type="checkbox"/> My signature below verifies that all information is complete and accurate.			
PLEASE SIGN IN THE PRESENCE OF THE NOTARY			
I hereby give permission to consult the child's physician/heath resource listed above in case of emergency if parent/guardian cannot be reached.			
I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____, in the event of an emergency at which time I cannot be reached			
I hereby give consent to transport by ambulance if situation warrants it.			
Signature of Custodial Parent/Legal Guardian (Affiant):			
STATE OF: <u>FLORIDA</u> COUNTY OF: <u>PINELLAS</u>		(Seal of Notary)	
The forgoing instrument was acknowledged before me this:	Day:	Month:	Year:
By: (name of Affiant) _____, who is personally know to me or who has produced _____ as identification.			
Signature of Notary:			