

DATE: _____

EAST CROSS EARLY CHILDHOOD CENTER PRESCHOOL ENROLLMENT FORM

Children must be three by September 1 to be eligible for 3-year-old Preschool.
Children must be four by September 1 to be eligible for 4-year-old Preschool.

We ask that the following information be provided upon enrollment. *Please inform us of any changes, which occur ASAP!*

Name of Child: _____ Date Of Birth: _____

Street Address: _____ Telephone: _____

City / State / Zip: _____

Mother: _____ Father: _____

Mother's **Cell** Phone: _____ Father's **Cell** Phone: _____

Mother's **Employer**: _____ Father's **Employer**: _____

Mother's **Work** Phone: _____ Father's **Work** Phone: _____

Email Address(es): _____

Church Affiliation (Optional): _____

Other Children in Family (Name and Age):

Other Adults in the Home: _____

Physician: _____ Telephone: _____

Allergies Or Health Problems: _____

Other Information You Would Like Us to Know: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY (OTHER THAN PARENTS):

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Field Trip Permission Information

My child has my permission to participate in any field trips planned by his/her teachers at East Cross Early Childhood Center **with prior notification** made to me regarding the trip. I understand that individual seat belts will be used for each child when traveling by car or van, and adequate supervision will be provided during the entire trip. I also understand that only qualified drivers will be allowed to drive.

Signed _____ Date _____

Please bring a copy of your child's
most recent immunization record,
as required by DHS.

EAST CROSS EARLY CHILDHOOD CENTER
AUTHORIZATION FOR EMERGENCY TREATMENT

It is very important that your child's teachers act quickly in the event of a medical emergency involving your child. Every reasonable effort will be made to reach you in the event of such an emergency. If the teacher or director is unable to contact you, it is imperative that they be able to seek emergency medical treatment for your child when an emergency or unanticipated condition necessitates immediate action for the preservation of life or the health of your child. **Therefore, we must have this notarized form on file while your child is enrolled at East Cross Early Childhood Center.**

I hereby authorize Dr. _____, or any physician, surgeon, or dentist on the medical staff of Jane Phillips Medical Center in Bartlesville, Oklahoma to administer any emergency treatment, procedure or medication necessary or advisable when East Cross Early Childhood Center personnel accompany my child, (name) _____, to the emergency room at Jane Phillips Medical Center. I authorize the use of an ambulance, if necessary, for the transportation of my child to the hospital. I agree to pay the hospital, doctors and ambulance service for all services rendered to the above named child. I request that this authorization remain in force as long as my child participates in ECECC programs.

To further assist in the treatment of my child, I have provided the following information:

Insurance Carrier: _____ Insurance Policy Number: _____

Parent Signature

Witnessed this _____ day of _____ 20__

My seal expires:
Washington County, State of Oklahoma

Notary Public

Child Release Authorization Form

Including the **child's parents(s)** _____, the following people are those authorized to pick up my **child(ren)**, _____, from East Cross Early Childhood Center's program and I/we realize that my child will be released only to those individuals listed on this form. I reserve the right to change/update this form at any time while my child is enrolled in the program!

- *The program (its director and or the child's teacher) reserve the right to ask for the presentation of a driver's licenses if we do not know a person on this list or feel it is in the best interest of the child to do so!*

Name: _____ Relationship: _____
Phone Numbers: _____

Name: _____ Relationship: _____
Phone Numbers: _____

Name: _____ Relationship: _____
Phone Numbers: _____

Name: _____ Relationship: _____
Phone Numbers: _____