

OAKHURST LUTHERAN PRESCHOOL PROGRAM

Medical Information and Registration Form

2018-2019

___ M/W/F CLASS ___ T/TH CLASS

Child's Full Name: _____

Child's Birth Date: _____

Parents Names: _____

Siblings: Names & Ages: _____

Home/Mailing Address: _____

Phone Numbers- Home: _____

Work: _____

Cell: _____

e-mail: _____

Home Church (if have one): _____

Special Medical Problems or Allergies: _____

Family Physician- Name: _____

Address: _____

Phone: _____

Family Insured By: _____

Emergency Name and Phone Number: _____

We need a copy of Child's Vaccination Records please.

What is the most important experience you hope your child has during this preschool exposure?

Do you have a special talent that you would like to share with our class (i.e.: music, art, career...)?

Medical Release

We the undersigned parents and/or legal guardians of _____ do hereby release OAKHURST LUTHERAN CHURCH its staff and officers from any responsibility in case of illness or injury during his/her attendance at the Preschool Program. We do hereby authorize the staff of the Preschool Program to give permission required to obtain medical treatment for _____ in the event he/she becomes ill or injured during the Preschool.

Signed: _____ Date: _____