

Busy Little Preschoolers

254 Swamp Rd
Durham, ME 04222
C: (207)319-3123

Children's Information:

Full Name: _____ Name your child goes by: _____

Date of Birth: _____ Age: _____ Gender: _____ Today's date _____

Address: _____

Previous preschool experience? _____

Fears your child may have (dogs, sirens, etc) _____

Any experiences your child may have had (moving, hospital stay, loss of someone dear) _____

Additional comments or concerns _____

Parent's Information:

Mother's /Guardian's Name: _____ Driver's License # _____

Address: _____ Email: _____

Home Phone# _____ Cell Phone# _____ Work # _____

Place of Employment: _____

Father's /Guardian's Name: _____ Driver's License # _____

Address: _____ Email: _____

Home Phone# _____ Cell Phone# _____ Work # _____

Place of Employment: _____

*If you use a separate email for Facebook, please add below so we may include you in our private Facebook playgroup.

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Medical Consent Form

I (we) the undersigned, parent or legal guardian of _____, do hereby authorize and consent Busy Little Preschoolers to seek medical treatment deemed necessary in the event of an emergency, accident, or sudden illness. Every attempt will be made to immediately make contact with a parent.

I (we) will assume any expense incurred by such treatment.

*Physician's Name: _____ Office Name: _____

Phone # _____ Hospital Preference: _____

Insurance Co _____ Policy Holder _____

Policy Number _____ Group Number _____

****If needed Durham Fire and Rescue will be called.****

Dentist Name: _____ Phone # _____

Date of last physical exam: _____ Are immunizations current? _____
(If child is not vaccinated, Busy Little Preschoolers needs a Dr. note on file)

Is the child(ren) currently taking any medication: _____ If So, please list: _____

Please list all allergies, medical concerns, or physical limitations: _____

****Medication will NOT be administered to any child without written permission from parent/ guardian. Any medication must be in original packaging****

I (we) do not hold Busy Little Preschoolers responsible or liable for any action necessary in the emergency care of my (our) child.

Parent or Guardian (Print)

Parent or Guardian (Signature)

Date

Parent or Guardian (Print)

Parent or Guardian (Signature)

Date

Dismissal Authorization

Child's Name _____

Other than Parent's/ Guardian the following person(s) listed below **ARE** permitted to remove child from preschool.

Name: _____ Relationship: _____

Address: _____

Home Phone# _____ Cell Phone# _____ Work # _____

Photo Release

Children will be photographed throughout the camp week during the various activities that take place. These photos may be used in publications* for Busy Little Preschoolers. Please designate below if your child's picture may be used.

*Busy Little Preschoolers will NOT post photos of your child's face on the Facebook page: www.busylittlepreschoolers.com

Photos of my child may _____ or may not _____ be used in Busy Little Preschoolers publications*

Photos of all children will be used in Busy Little Preschoolers year end slide show.

Child's Name _____

Parent or Guardian (Print)

Parent or Guardian (Signature)

Date

Parent or Guardian (Print)

Parent or Guardian (Signature)

Date