

Saint Bridget of Kildare School
5620 Hauserman Road
Parma, OH 44130
Phone: (440) 886-1468
Fax: (440) 886-5121

Saint Bridget of Kildare Preschool Child Enrollment Information

Child's Name _____ Date of Birth _____
Address _____
Home Phone # _____

Parent/Guardian Name _____
Address _____
Home Phone # _____ Cell Phone # _____
Employer Name _____
Work Phone # _____

Please circle which phone number should be used 1st, 2nd and 3rd to reach you while your child is in the program.

Cell # 1 2 3 Home# 1 2 3 Work# 1 2 3

Parent/Guardian Name _____
Address _____
Home Phone # _____ Cell Phone # _____
Employer Name _____
Work Phone # _____

Please circle which phone number should be used 1st, 2nd and 3rd to reach you while your child is in the program.

Cell # 1 2 3 Home# 1 2 3 Work# 1 2 3

***Please list two people to be contacted in the event of an emergency *if the parent cannot be contacted*:**

Name _____
Address _____
Home PH# _____
Cell # _____
Work# _____
Relation to Child _____

Name _____
Address _____
Home PH# _____
Cell# _____
Work # _____
Relation to Child _____

Continue on other side.....

Pick up Information

For your child's protection, please fill out names of all persons authorized to pick up or bring your child to school including yourself. Notify us of any changes immediately. Inform persons on this list that they must be prepared to identify themselves to our staff.

Name _____ PH# _____

Name _____ PH# _____

Name _____ PH# _____

Name _____ PH# _____

Name _____ PH# _____

List of Persons **not permitted** to pick up this child

Name _____

Name _____

Each year we prepare a class roster. It includes the names and phone numbers of the children in the preschool program. This roster will not be given to any persons other than parents of children enrolled in our program.

I authorize the following to be listed on the parent roster:

My child's name	Yes	No				
Phone Number	Home#	Yes	No	Cell#	Yes	No

Parent/Guardian Signature _____ Date _____

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MEDICAL INFORMATION

Physician:

Name _____
Address _____
Phone # _____

Dentist

Name _____
Address _____
Phone# _____

Part 1 (To Grant Consent)

In the event reasonable attempts to contact me at _____ (ph#) or other parent at _____ (ph#) have been unsuccessful, I hereby give consent for: (1.) the administration of any treatment deemed necessary by: Dr. _____ (preferred Dr.) or Dr. _____ (preferred Dentist) or in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted:

Father's Signature _____ Mother's Signature _____

Do Not Complete Part 2 if You Completed Part 1 (Continue on other side)

Part 2 (Refusal to Consent)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: _____

Father's Signature _____

Mother's Signature _____

**Saint Bridget of Kildare Preschool
Child Medical Statement**

Child's Name _____ Date of Birth _____
Height _____ Weight _____

Chronic Physical Problems: _____

History of Hospitalization _____

Diseases This Child Has Had _____

Allergies and Treatment _____

Medications, Food Supplements, Modified Diet or Fluoride Supplements:

Limitations or health condition (including allergies, medications, dietary restrictions)

This child has been examined and is in suitable condition to participate in group care.

Signature of examining Physician _____

Address _____

Phone Number _____

Date of exam _____

****IMPORTANT** Please attach a copy of your child's immunization records.**