

Admission Information

Operation Name Reggio Emilia Multilingual Preschool Academy		Director's Name Laurie Maglasang Ahlberg	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardians Name		Address (if different from child's address)	
< All EMERGENCY CONTACT and PICK UP information is located on the CHILD & PARENT INFORMATION SHEET >			

Check all that Apply

1. **TRANSPORTATION:** I hereby give do not give - consent for my child to be transported and supervised by the operations' employees:
 For emergency care on field trips to and from home to and from school

2. **FIELD TRIPS:** I hereby give do not give - my consent for my child to participate in Field Trips at age 3 to 5 years of age.

Parent's Comments:

3. **WATER ACTIVITIES:** I hereby give do not give - my consent for my child to participate in Water Activities:
 Sprinkler Play splashing/wading pools swimming pools water table play

I understand that a **MORNING SNACK, LUNCH, and AFTERNOON SNACK** will be served to my child while at Kids Campus: _____ (please initial)

MY CHILD IS NORMALLY IN CARE AT KIDS CAMPUS ON:

Mondays from _____ to _____
 Tuesdays from _____ to _____
 Wednesdays from _____ to _____
 Thursdays from _____ to _____
 Fridays from _____ to _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge at Kids Campus to arrange any and all necessary emergency medical care.

Name of physician	Address of Physician	Phone #
_____	_____	_____

NAME OF EMERGENCY MEDICAL FACILITY

<input type="checkbox"/> Dell Children's Hospital	4900 Mueller Blvd	324-0000
<input type="checkbox"/> Seton Southwest Medical Center	7900 FM 1826 Bldg #1	324-9000
<input type="checkbox"/> other: _____	_____	_____

Signature - Parent or Legal Guardian

*List any special information about your child that you may want us to know on the **CHILD INFORMATION FORM.***

Signature - Parent or Legal Guardian _____

Date _____