



15 S. Filey's Road
 Dillsburg, PA 17019

dillsburgpreschool@trinitycamphill.org

PLEASE PRINT

Child's Name: _____ Date of Birth: _____
 (Last, First)

Address: _____ Home Phone: _____
 (Street)

_____ (City) _____ (State) _____ (Zip Code)

Mother's Name: _____ Employer: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Father's Name: _____ Employer: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Please list the names of those persons you authorize to pick up your child:
 (Include parents, grandparents and carpool arrangements)

IN CASE OF AN EMERGENCY AND A PARENT CAN NOT BE REACHED:

_____ (Name) _____ (Phone) _____ (Relationship)

_____ (Name) _____ (Phone) _____ (Relationship)

OVER

DILLSBURG LOCATION

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Health Insurance Provider: _____

(ID #)

(Group #)

Please initial at each section and sign at the bottom.

Release for Emergency Treatment

I/We _____ give permission for my/our child _____ to be treated by an available physician or dentist in case of an emergency. I understand that in the event of an emergency involving my child, it may be necessary for the staff to administer first aid to my child and/or transport my child to a hospital, physician's office or other health care facility. I hereby consent to the treatment and/or transportation of my child under such circumstances and release the school, its employees, its director and agents from any claims arising out of or relating to such treatment.

_____ I hereby grant permission for any personal information (child and parent names, child's date of birth, phone number, email and address) to be included in a Class Directory. The Class Directory is to assist families in building relationships with one another (i.e. birthday parties, play dates, etc.).

_____ I hereby grant permission for my child to be photographed in connection to preschool activities (i.e. class projects, school photo days, field trips, etc.).

_____ I hereby give consent for photos of my child to be used without identifying name labels in all Trinity publications.

_____ I hereby grant permission for my child to use all play equipment and participate in all activities of the school.

