

St. Luke Simpson UMC Childcare Center

Child & Parent/Guardian Information

Please Print in Ink

Child's Full Name _____	Nicknames (if any) _____
Date of Birth ____/____/____	Sex (circle one) Male Female
Mother's Full Name _____	Father's Full Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
Work Phone _____ Employer _____	Work Phone _____ Employer _____
Employer Address _____	Employer Address _____
Email address _____	Email address _____
Primary email for billing purposes: (check one) Mother's email <input type="checkbox"/> Father's email <input type="checkbox"/>	

**When following the Smartcare verification link you will be asked to make an 8 digit code (the 1st four will be automatically generated for you, make the last four digits the last four of your social or any four digit number you will remember.)*

*ID Code: _____ (Last four of SS#) *ID Code: _____ (Last four of SS#)

Parent/Guardian with legal custody _____

Parents are: (circle one) Married Single Divorced Widowed

Alternative Emergency Contacts

Primary Emergency Contact other than Parent or Guardian	Secondary Emergency Contact other than Parent or Guardian
Name _____	Name _____
Relationship to Child _____	Relationship to Child _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
ID Code: _____ (Last four of SS#)	ID Code: _____ (Last four of SS#)

Other People Authorized to Pick Up Child (Other than parents and emergency contacts)

Name	Relationship to Child	ID Code (Last four of SS#)

Please be advised if there are any legal documents concerning your child, you must provide them to the office.

If a person who is not on this list is going to pick up your child, we must have that information in writing.

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Medical Information

Child's Physician _____ Physician's Phone Number _____

Preferred Hospital _____

Insurance Company _____ Policy Number _____

Allergies or Special Health Considerations _____

Regular Medications _____

Please advise us of ALL allergies with any special instructions concerning those allergies:

***If there are any dietary restrictions due to allergies, we must have a doctor's statement listing those allergies and dietary restrictions.

I, _____, give my permission for the St. Luke- Simpson Child Care Center director or other administrative personnel to authorize treatment for my child, _____, in the event of an illness or medical emergency which requires immediate medical treatment and a parent or legal guardian cannot be reached. This emergency treatment will be done with the understanding that every attempt will have been made and will continue to be made to contact parents, the child's physician, and/or other persons listed for emergency contact.

Photographs/Facebook

Please check one:

_____ I give permission to St. Luke-Simpson Child Care Center to use photographs of my child, _____ on St. Luke-Simpson Preschool's Facebook Page and in the newspaper, other publications or on television.

_____ I do not wish for photographs of my child, _____ to be used in the newspaper, other publications, on television or Facebook.

This permission form does not include pictures that will be taken of your child by St. Luke-Simpson staff for events and special activities held here at the school. These photos are only for use in the classroom here in the center.

Signatures

I understand that if there are any changes to this information, it is my responsibility to notify the preschool office.

Parent/Guardian

Date