



STUDENT INFORMATION

Full Name		Date of Birth		Home Telephone No.	
Home Address			City	State	Zip Code
Age	Gender	Session 1 Cash Check#	Session 2 Cash Check#	Session 3 Cash Check#	Session 4 Cash Check#

PARENT CONTACT INFORMATION

Mother's Full Name	Driver's License	E-mail	Mobile									
Father's Full Name	Driver's License	E-mail	Mobile									
Give the name and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship									
<p>I hereby authorize The Woodlands Tree House Preschool to allow my child to leave the childcare operation ONLY with the following persons. Please list name, driver's license number & mobile for each authorized person. Children will only be released to a parent or a person designated by the parent/guardian below after verification of ID.</p> <table border="1"> <tr> <td>Name</td> <td>Driver's license #</td> <td>Mobile</td> </tr> <tr> <td>1. _____</td> <td>1. _____</td> <td>1. _____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>2. _____</td> </tr> </table>				Name	Driver's license #	Mobile	1. _____	1. _____	1. _____	_____	_____	2. _____
Name	Driver's license #	Mobile										
1. _____	1. _____	1. _____										
_____	_____	2. _____										

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

I hereby grant Woodlands Tree House Preschool permission to take whatever action may be necessary in supplying emergency medical services to my child. I understand that, consistent with the circumstances of the situation and available time, Woodlands Tree House Preschool will make its best efforts to contact me. If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I hereby authorize Woodlands Tree house Preschool to transport, and to obtain treatment from:

Doctor	Mobile	Address
Hospital	Ambulance: <input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies
Insurance Company	Insurance Company Phone #	Group Number: _____ Policy Number: _____
Insured Parent's Name	Parent's Employer	Medicines

I hereby agree that I will be solely responsible for, and will promptly pay any expenses, which may be incurred by Woodlands Tree House Preschool in making emergency medical treatment available to the above named Student.

The school reserves the right to dismiss any student whose conduct is not in harmony with the school standards and policies. I/we hereby give approval for my child's participation in any and all of the activities during the summer program. I understand that every precaution will be taken to ensure the safety and well-being of my child. I/ we do assume all the risks and hazards incidental to the conduct of the activities; and I/we do further hereby release, absolve, indemnify and hold harmless Woodlands Tree House Preschool LLC and all of its employees. In case of injury of my child, I hereby waive all claims against Woodlands Tree House Preschool and any of its employees. The Woodlands Tree House Preschool has my permission to use my child's photograph on its website and for school purposes only.

Parent's signature	Date
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