

We use email and text messaging to communicate with our parents regarding closings, special events and reminders. Please list below anyone else who would benefit from receiving these messages.

Name: _____ Email: _____ Cell: _____ Mobile Carrier: _____
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Name: _____ Email: _____ Cell: _____ Mobile Carrier: _____

Important Information:

Health issues or special needs: _____

Does your child take daily medication at home? Y or N Name of medication(s): _____

What dosage? _____ How often? _____

Prescribed by whom: _____ Purpose of medication: _____

Does your child have allergies to the following? (please check all that apply)

Bee Stings Food Allergies Asthma Other

If you checked any of the above please explain: _____

Photo, Video & Social Media Release:

The preschool **will** use pictures & videos of your child throughout the year for, crafts, bulletin boards and take home gifts. Our **social media policy** is that children are never identified in photos by name.

I **DO** give permission for Christ's Little Acorns Preschool to use pictures/videos of my child in promotional materials and Christ's Little Acorns' website and social media.

I **DO NOT** give permission for Christ's Little Acorns Preschool to use pictures/videos of my child in promotional materials and Christ's Little Acorns' website and social media.

Medical Information:

*Please provide a copy of your child's immunization records & completed health form for our files. If your child is exempt from immunizations, please see office for appropriate forms.

Does your child have medical insurance? _____ YES _____ NO

Name of Medical Insurance Carrier: _____

Policy/Group Number: _____

Are there any special activities that are limited by physician's advice? _____

If yes, please explain: _____

Authorization for Emergency Medical Care

In case of an accident or illness requiring medical attention, the undersigned authorize Christ's Little Acorns Preschool to call a health care provider to take my child, _____ to the nearest hospital or doctor.

Doctor: _____ Phone: _____
Dentist: _____ Phone: _____
Hospital preference: _____ Phone: _____

It is understood that if possible, these services will be obtained. If parents or preferred healthcare provider cannot be contacted, the preschool is authorized to contact another health care provider. It is also understood that this agreement covers only those situations which, in the best judgment of the preschool, are true emergencies. I agree to be responsible for the cost of such emergency medical care.

Parent/Guardian's Signature _____ Date _____

CONTACT INFORMATION:

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