For Office Use:	Class	1/11

Foothills Christian Preschool & Kindergarten
6100 South Devinney Way Littleton, Colorado 80127
303-972-4651or preschool@4fbc.org
www.foothillsbiblechurch.org

IDENTIFICATION & EMERGENCY INFORMATION

Child's Name _____ Phone _____

Name to be called at school _____ Birth date _____ Sex: Male/Female

Address _____
Street City Zip

Main Crossroads_____

Father's Information

Name _____

Home Phone _____

Cell Phone _____

E-Mail Address_____

Employer_____

Employer Address_____

Business Phone _____ EXT_____

Occupation _____

Mother's Information

Name _____

Home Phone_____

Cell Phone _____

E-Mail Address_____

Employer_____

Employer Address_____

Business Phone _____ EXT _____

Occupation_____

Siblings (Names, Male/Female and Ages):_____

_____

Additional Persons Who May Be Called and Who Can Pick-up Your Child in an Emergency

Name	Address	Daytime Phone	Relationship

Medical Professionals Who May Be Called In an Emergency
WE ARE REQUIRED BY LICENSING TO HAVE ALL THE FOLLOWING INFORMATION, ALL LINES MUST BE COMPLETED.

_____
Physician's Name Address Phone

_____
Dentist's Name Address Phone

_____
Hospital preference Address Phone

_____
Insurance Company ID number

List any allergies or physical restrictions:

_____

_____

STATEMENT OF AUTHORIZATION

I, _____, as parent or legal guardian of said child, _____, hereby give my permission to Foothills Christian Preschool & Kindergarten to call a doctor, dentist or 911 should an emergency situation arise. Permission is also granted for those emergency, medical, or hospital personnel to perform necessary care in the event it is not possible to locate us. We agree to accept all expenses incurred.

Parent or Guardian's Signature _____ Date _____