



Sanctuary Fine Arts Preschool Registration Form			Morning Session(s) Selected (check all that apply) Mon. Tues. Wed. Thurs. Friday			
Child Name (Last) (First) (Middle)	Name (Nickname) used			Birthdate		
Street address			City		Zip code	
Child's parent/guardian 1 Name	home phone # ()	cell phone # ()	alternative phone # ()			
Street address			City		Zip code	
Address where you can be reached while child is in school			City		Zip code	
Child's parent/guardian 2 Name	home phone # ()	cell phone # ()	alternative phone # ()			
Street address			City		Zip code	
Address where you can be reached while child is in school			City		Zip code	
Other than you, who else has permission to pick up your child?						
Name		Address		Telephone number		
Name: Relationship:				Home: () Cell: () Alternative: ()		
Name: Relationship:				Home: () Cell: () Alternative: ()		
Name: Relationship:				Home: () Cell: () Alternative: ()		
Name: Relationship:				Home: () Cell: () Alternative: ()		

In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.

Parent/Guardian signature:

Name	Address	Telephone number
Name: Relationship:		Home: () Cell: () Alternative: ()
Name: Relationship:		Home: () Cell: () Alternative: ()
Name: Relationship:		Home: () Cell: () Alternative: ()
Who does not have permission to pick up your child? If applicable (A copy of supporting court document must be on file)		
Name	Reason	

Child's health information		
Date of child's last physical exam:	Child's health care provider	Telephone number ()
Street address	City	Zip code
Special health problems? YES or NO If yes, specify.	Allergies, including drug reactions: YES or NO If yes, specify.	
Regular medications? YES or NO If yes, specify.	Other important information? YES or NO If yes, specify.	
Child's dentist's name	Telephone number ()	
Street address	City	Zip code

Child's medical insurance coverage			
Insurance company name		Member/policy number	
Policy holder name		Employer name	
2nd Insurance company name (if applicable)		Member/policy number	
Policy holder name		Employer name	
Consent to medical care and treatment of minor children			
<p>I give permission that my child, _____, may be given first aid/emergency treatment by preschool employees and/or qualified staff at:</p> <p style="text-align: center;">Sanctuary Fine Arts Preschool, 540 E Main St, Pullman, WA 99163.</p>			
Parent/guardian 1 signature	Date	Parent/guardian 2 signature	Date
<p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.</p> <p>I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.</p>			
Parent/guardian 1 signature	Date	Parent/guardian 2 signature	Date

I certify that the information on this Registration form is true and correct, and is filled out to the best of my knowledge and ability.

Parent/Guardian 1 signature _____ Date _____

Parent/Guardian 2 signature _____ Date _____