

# KinderArt

Inspiring confident enthusiastic learners!

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Person to be notified in case of emergency:

Mother: \_\_\_\_\_ Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_  
Father: \_\_\_\_\_ Home: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

## Persons authorized to pick up your child:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I authorize KinderArt to seek medical attention for my child, \_\_\_\_\_

Special Considerations: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Emergency Hospital Preference: \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_