



Rainbow Corner Early Learning Program Emergency Contact* PARENTAL CONSENT FORM

Program: (Please Circle) Preschool or Playgroup	
Child's Name	Date of Birth
Nickname	
Address	
Family E-Mail Address (for preschool correspondence)	

Mother/Legal Guardian	
Address	
Home Phone	Mobile Phone
Email Address	
Place of Employment	
Work Number	Hours

Father/Legal Guardian	
Address	
Home Phone	Mobile Phone
E-mail Address	
Place of Employment	
Work Number	Hours

Emergency Contacts (If parents cannot be reached)

	Name	Phone number during school hours
1.		
2.		
3.		

People to whom the child may be released

	Name	Address	Phone number during school hours
1.			
2.			
3.			



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Disabilities or concerns (if any)

Allergies (including medication reactions)
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Medical or Dietary information necessary in an emergency situation
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Physician	Phone
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Medications or Special Conditions
Additional Information on special needs of child

Health Insurance/Medical Assistance Benefits for student

Insurance Name	Group #	Policy #
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Parent's initials are required for each item below to indicate parental consent
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Transition conferences and transfer of child records to new school or child care facility are available with written request by parent(s)_____		
Obtaining Emergency medical care_____		
Administration of Minor-Aid procedures_____		
Walks_____	Playground Activities_____	Application of sunscreen_____

Permission to photograph child for center publications and public relations_____
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Signature of Parent or Guardian	Date
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Signature of Parent or Guardian	Date
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