



Elementary Student Information Form 2010-2011

Child's Name	Child's Birthdate	Sex
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Child's Primary Address

Siblings (names & ages)

Please Note: The information contained on this form is accessible to all faculty members.

Parent/Guardian Information (1) -- Please list parent/guardians in the order they should be contacted

Name	Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Home Address

Employer Name & Work Address

Parent/Guardian Information (2)

Name	Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Home Address

Employer Name & Work Address

Parent/Guardian Information (3)

Name	Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Home Address

Employer Name & Work Address

Emergency Contact if Parent/Guardian is Unavailable

Name	Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Address

Additional Person Authorized to Pick Child Up (1)

Name	Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Address

Additional Person Authorized to Pick Child Up (2)

Name	Relationship
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Cell Phone	Home Phone	Work Phone	Email
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Address

List Persons Not Authorized to Pick Up (Note: Unless there is a court order to the contrary, both parents are permitted to pick up and assume responsibility.)

Medical Information

Physician's Name		Physician's Phone Number
Physician's Address		
Dentist's Name		Dentist's Phone Number
Dentist's Address		
Hospital of Choice		Hospital Phone Number
Hospital Address		
Insurance Provider (if applicable)		Insurance Policy Number
Child's Blood Type	Child's Current Weight	Allergies

Special Medical Needs, Special Dietary Needs, Any Medication Being Taken

Other Information -- Please provide anything you feel will be helpful for us to know about your child

Previous Childcare or School Experiences

Interests

Areas Your Child May Need Extra Support

Parent Information

Parent Occupations/Hobbies/Areas of Expertise

Volunteering -- Circle any areas you might be interested in helping with

Providing an Offering	Administrative Help	Board Member	Renovation	Landscaping
Reading/Writing with Children	Donating Materials	Accounting	Legal Services	Other _____

Medical Consent Authorization

I _____ hereby give my permission to **The Patchwork School** to call for medical or surgical care for my child, _____, should an emergency arise. It is understood that a conscientious effort will be made to locate me, my spouse, or the child's guardian before emergency action is taken, but if this is not possible the expense of emergency medical treatment or care will be accepted by me. I also give permission for my child to be transported away from the premises of the school in case of an emergency, whether on foot or by vehicle, including an ambulance. Emergency medical treatment, including CPR, may be administered to my child in an emergency.

I understand that in an emergency my child will be taken to the nearest hospital.	Please Initial _____
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Permission for Participation

It is required for enrollment that you give permission for both walks and vehicular field trips, due to the importance that we place on going out into our community for "field work" days.

___Yes ___No	I give permission for my child to go on school walks away from the premises of the school facility, in the company of a responsible adult, on foot.
___Yes ___No	I give permission for my child to go on trips away from the premises of the school facility, in the company of a responsible adult by vehicle.
___Yes ___No	I give permission for the faculty to apply the sunscreen provided by the school or by myself

Parent/Guardian Signature

As parent(s), by filling out and signing this form, you give permission for your child to participate in programs and/or activities authorized by and carried out under the supervision of the staff of The Patchwork School for such time as your child is enrolled.

I have read and agree to abide by the school policies laid out in the school handbook.	Please Initial _____
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Parent/Guardian Signature	Date
Parent/Guardian Signature	Date