

EMERGENCY CARD

Cornerstone Methodist Church Preschool 2024-2025
Email – Admin@cornerstonepreschool.com

Student's Last Name _____ First Name _____ Name Called _____

Address _____ Subdivision _____

Date of Birth _____

FOR OFFICE USE ONLY	
Teachers _____	Days Enrolled _____

<u>Parent / Guardian Name</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Email Address</u>
Father _____	_____	_____	_____
Mother _____	_____	_____	_____

Give name of person to call in case of emergency if parents/guardian cannot be reached. Parents will be contacted first. If we cannot reach you calls will be made to emergency contacts. **Please list a minimum of 2 contacts other than parents.

<u>Other Contact Names</u>	<u>Relationship to Student</u>	<u>Address</u>	<u>Work Phone</u>	<u>Cell/Home Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Physician's Name _____ Phone # _____

Any medical problems or allergies (circle NONE or please list) _____

- I give permission, for the safety of my child, to post in the classrooms any allergy and/or special needs. _____ Yes _____ No
- I will notify the preschool and provide appropriate supporting court documents if any person is legally restricted from picking up my child from school.
_____ Yes _____ No _____ NA
- I give permission for photographs, video footage, digital imagery, etc. to be made of my child during the school year for preschool use only. _____ Yes _____ No
- I give permission for my child's photograph to be used on *the church website and/or Facebook*. (No names will be used.) _____ Yes _____ No
- I am aware and agree to comply with the *late pick-up policies and procedures as stated in the Parent Handbook*. _____ Yes _____ No
- I will allow my child to participate in Splash Day, a water play day held in May. _____ Yes _____ No
- I understand it is my responsibility to review the Parent Handbook (cornerstonegmcpreschool.com) and State Minimum Standards (available in the office). I agree to comply with all school policies. Initials _____.
- I, _____ hereby authorize Cornerstone Preschool to arrange and/or transport to the closest emergency care center for any emergency medical assistance needed for my child, _____, while attending this program, and I agree to hold the staff and Cornerstone Methodist Church harmless from any illness or injury incurred while attending the program.

Insurance Waiver Statement: Where no proof of insurance is established, parents of students must assume legal responsibilities for expenses incurred for injuries to students that occur at school.

Signature of Parent / Guardian _____ Date _____