



# Bethesda Preparatory Preschool

## Registration Information

_____ Child's Name		_____ Date of Birth		M	F
				Sex	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
( ) _____ Home Phone	( ) _____ Work Phone	( ) _____ Home Phone	( ) _____ Work Phone		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

**Email**

_____ Parent Email	_____ Parent Email
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**Additional Information**

\_\_\_\_\_  
Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
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\_\_\_\_\_  
Planned days /times of attendance

\_\_\_\_\_  
Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
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I give permission for my child to go on field trips. I release Bethesda Preparatory Preschool and individuals from liability in case of accident during activities related to Bethesda Preparatory Preschool, as long as normal safety procedures have been taken.

_____ Parent's/Guardian's Signature	_____ Date
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_____ Director's Signature	_____ Date
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