

**CHRISTIAN NURSERY SCHOOL OF CHRIST LUTHERAN
SUMMER PROGRAM 2021**

Child's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Child's Age: _____ Date of Birth: _____

PARENT/GUARDIAN INFORMATION

Name of Parents/Guardians: _____

Mother's Business Phone Number: _____ Cell Phone: _____

Father's Business Phone Number: _____ Cell Phone: _____

SAFETY

Person(s) authorized to pick up my child: _____

Any allergies or asthma: _____

EMERGENCY INFORMATION

Physician's Name: _____ Phone: _____

Emergency Contact #1-(not parent)

Name: _____ Phone: _____

Relationship to child: _____

Emergency Contact #2-(not parent)

Name: _____ Phone : _____

Relationship to Child: _____

EMERGENCY TREATMENT CONSENT

I hereby give my consent that emergency treatment be rendered at a local facility to my child in case of an injury or illness in the event I cannot be reached.

Signature _____ **Date** _____