

Primary email for school communications _____

Name on primary email account _____

Any additional email(s) (parent, caregivers, grandparents) _____

Name on additional email(s) _____

Everyone will receive emails with all school communications. Please indicate if you would also like hard copies of newsletters, important reminders etc. Yes _____ No (email only) _____

Previous preschool experience: _____

Use the space below to provide any additional information, or to explain any special circumstances:

Special Requests: _____

These people are authorized to drop-off and pick-up my child from school, in case of emergency. Please list at least two local numbers and area code. (Add'l names may be added throughout the year)

1. _____ (____) _____

2. _____ (____) _____

3. _____ (____) _____

4. _____ (____) _____

Consents:

• **Emergency Medical Care**

This authorizes Prince of Peace, its staff or designated agents to secure emergency medical care for my child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges incurred. I/we understand that my child may be transferred to the nearest emergency facility by public safety officers or the staff or agents of Prince of Peace.

Signature of Parent?Guardian: _____ Date: _____

Relationship to child: _____

• **Outings, Excursions, and Field Trips**

I/we authorize Prince of Peace, its staff or agents to take my child on walking trips, excursions, and/or field trips.

Signature of Parent/
Guardian: _____ Date: _____

Relationship to child: _____

