



Emergency Contact and Medical Information	Person(s) who will care for child in emergency if the parent is not available			
	Relationship	Name	Address	Phone
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	Family Physician or Clinic _____		Name	Phone
	Street		City	State Zip
	List any special problems such as speech defects, allergies, or behavior problems.			
<hr/> <hr/> <p><b>Please attach your child's immunization record and medical form provided to you by your child's physician.</b></p> <p>The school has my permission to call my doctor in an emergency when I or my emergency number can not be reached. If we can not be reached then they may call another doctor or take my child to the nearest hospital (Centerpoint) at my expense.</p> <hr/>				
Insurance Company		Policy Number		

Waiver Of Liability	I understand that the children are supervised at all times and every precaution is taken to prevent accidents. I relieve the staff of Great Beginnings Preschool and the East Independence Church Of Christ, 2020 S 291 Highway, Independence, Missouri of any liability in the event of an accident or injury while my child is attending any preschool event.
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Parent/ Legal Guardian Signature	<p>I have been informed of the required health and safety inspections and that the inspection forms are available for review.</p> <p>When my child is ill, I understand and agree that my child may not be accepted for care.</p> <p>Signature _____ Date _____</p>
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Telephone number we should use to notify you of a school closing due to inclement weather. _____
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Please return with \$25 enrollment fee.