



## CHILD INFORMATION and IMPORTANT FORMS

**Child's Full Name:** \_\_\_\_\_

**Birth Date/ Age** \_\_\_\_\_

First Name child is usually called: M \_\_\_ F \_\_\_ Non-Binary \_\_\_

Last \_\_\_\_\_

Child's Preferred Pronoun: He/She/They \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

**Name of Parents or Guardians:** *(please circle preferred phone number to be used for communication)*

Parent: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mailAddress: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mailAddress: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

{Nanny: Name \_\_\_\_\_  
Phone \_\_\_\_\_ }

Names and Ages of Siblings

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**EMERGENCY NUMBERS** If parents cannot be reached:

*Emergency Contact, please list two-three (Full Name, Phone, Email)*

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Name Address Phone

*Physician:*

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Name Address Phone ***Out of State Emergency Contact:*** (in case of earthquake)

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Name Address Phone

**Does your child have allergies, epi-pen, inhaler, food restrictions, or special physical conditions?  
If so, list:**

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## Permission To Photograph/Video

I give permission for my child to be photographed/videotaped in scheduled school activities. Such photographs may be used by Klahanie School & Vashon Sisterhood for publicity or educational purposes.

	Permission Granted	Permission Declined
Use and share in the classroom newsletter		
Use for school promotion including web sites, social media- children will not be named or faces shown		
Use for educational purposes/data gathering-children's last names will not be used		

Child's Name \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Consent to Medical Care & Treatment of Minor Child

I give permission that my child may be given emergency treatment by a qualified staff member at the Klahanie School. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician, hospital, or aid car attendant when deemed necessary or advisable by the physician or attendant to safeguard my child's health, and I cannot be contacted. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct."

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Authorization for Release Your Child to Another Adult

Who has permission to pick up your child (besides parents)?

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

He/she has been informed that picture identification may be required to pick up my child and that the child/adult must be addressed by the preschool teacher.

\_\_\_\_\_  
Parent or Guardian Date \_\_\_\_\_

## Field Trip Information Form

My child, \_\_\_\_\_, has permission to go on Vashon Maury Cooperative  
Preschool field trips within a 30 mile radius of the preschool.

***Parents will be notified of all field trips.***

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian

**Each student's Certificate of Immunization Status (CIS) and Immunization Record or Exemption must be present at school before the child attends.**

**OPTION A:** If your child has been immunized, download and complete the official form here:

[http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-013\\_CertificateImmunizationStatusForm.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-013_CertificateImmunizationStatusForm.pdf)

**OPTION B:** If your child has been immunized, contact his/her physician for a current record. **Write your CHILD's NAME in bold letters across the top.**

**OPTION C:** If you choose not to immunize for religious, personal, or medical reasons, download the form titled *Certificate of Exemption* and complete side A or side B following the instructions and including signatures.

[https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-106\\_CertificateofExemption.pdf](https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-106_CertificateofExemption.pdf)

**Bring the completed forms to your Meet & Greet or give or before the first day of class.**