

Preschool Academy of Westchester
at Matthew Road Baptist Church

Office Use only: Classroom: _____

2017 – 2018 School Year

Facility Name: P.A.W. at Matthew Road Baptist Church		Director: Cyndi King	
Child's Full Name:		Child's Date of Birth:	
Child's Preferred Name:			
Child's Address:			
Child's Home Number:		Brothers/Sisters: Ages:	
Date of Admission:	Date of Withdrawal:	Email Address:	
Child's Age as of 9-1-2017:		Best way to contact you for:	
		Cell Phone	Home Phone
		Email	Text Message

Parent's or Guardian's Name(s):	Address (if different than child):	
Phone Numbers While Child is in Care		
Mother: Cell:	Father: Cell:	Guardian: Cell:
Parent's Relationship to each other (Married, Divorced , Separated, Singles):		

I hereby authorize the child care facility to allow my child to leave the child care facility ONLY with the following persons: (Attach copy of driver's licenses.)(Including Mom and Dad)			
Name:	Relationship:	Phone:	DL#:
Name:	Relationship:	Phone:	DL#:
Name:	Relationship:	Phone:	DL#:

Authorization for Emergency Medical Attention:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility, director/person in charge to take my child to (attach copy of insurance card):		
Name of Physician:	Address:	Phone :
Name of Hospital:	Address:	Phone:
I give consent for this facility to secure any and all necessary emergency medical care for my child. I do hereby release Matthew Road Baptist Church, and any staff member of the P.A.W., from any and all injury claims that might occur while they are in attendance.		
_____ Signature of Parent/Legal Guardian		_____ Date:

Child's Name(from front):	Date of Birth:
List any special problems that your child may have:	
Allergies:	
Existing Illness:	
Previous Serious Illness:	
Injuries During the Past 12 months:	
Any Medicine Prescribed for long-term Continuous Use:	
Any other information which Staff should be aware of:	
Immunization Record:	
<input type="checkbox"/> I have provided the childcare operation with a copy of my child's most current immunization record.	

Other Information (Optional)

Would you be interested in substitute teaching?	
Family Religious Preference:	Church Membership:
Father's Occupation:	Father's Employer:
Mother's/Guardian Occupation:	Mother's /Occupation Employer:
How did you hear about our program?	
What was your primary reason for selecting this program?	