

Today's Date _____

Age of child on May 2024 _____

Child's Full Name _____

First Middle Last
(circle name child goes by)

Date of Birth _____ Boy ___ Girl ___

Child has completed grade ___ as of May 2024

If your child is a current UWACS Student, you do not have to fill out any additional information unless there are changes.

PARENT/GUARDIAN #1

Mr/Mrs/Ms _____ Home Phone _____

Home Address _____ Lives with Student? ___Yes ___No

City/State/Zip _____ Billing Party ___Yes ___No

Relation to Student _____ Work Phone _____

Employer/Occupation _____ Cell Phone _____

Email: _____

PARENT/GUARDIAN #2

Mr/Mrs/Ms _____ Home Phone _____

Home Address _____ Lives with Student? ___Yes ___No

City/State/Zip _____ Billing Party ___Yes ___No

Relation to Student _____ Work Phone _____

Employer/Occupation _____ Cell Phone _____

Email: _____

Other than Parents, **CHILD WILL BE RELEASED ONLY TO PERSONS LISTED BELOW.** Must be at least **TWO** other local persons to call for illness, accident, late pick-up, or other emergency reasons). Please list them in the order of preference for us to contact. Must be 16 years of age and up.

Mr/Mrs/Ms _____ Home Phone _____

Home Address _____ Work Phone _____

City/State/Zip _____ Cell Phone _____

Relation to Student _____

Mr/Mrs/Ms _____ Home Phone _____

Home Address _____ Work Phone _____

City/State/Zip _____ Cell Phone _____

Relation to Student _____

Mr/Mrs/Ms _____ Home Phone _____

Home Address _____ Work Phone _____

City/State/Zip _____ Cell Phone _____

Relation to Student _____

ADDITIONAL PERSONS THAT MAY PICK UP YOUR CHILD (Must be 16 years of age and up)

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

MEDICAL INFORMATION

Name of child's physician or clinic _____
Telephone Number _____

Special physical conditions/allergies we should be aware of: _____

Has your child ever been in preschool before? ____ Yes ____ No Teacher _____
If yes, Name of Center _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I, _____, hereby give permission that my child, _____, may be given emergency treatment to include first aide and CPR by qualified staff member of the Campus School. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive by right of informed consent 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 further authorize the center to take my child to the hospital, and I agree that I will pay all physician's and hospital bills, and the center will not be responsible for them.

Signature of Parent/Guardian _____ Date _____

MEDIA RELEASE

I release the Campus School to photograph and/or videotape my child while participating in daily activities, and to use, for educational purposes, the photograph and/or videotape in photograph displays, or publications showing these daily activities.

Signature of Parent/Guardian _____ Date _____

ACTIVITIES RELEASE

Activities on the UWA Campus within walking distance of the Campus School Yes ____ No ____
Activities that include wading/splashing at the UWA Campus School Yes ____ No ____

MEDICATION RELEASE

I give my permission to the UWA Campus School to give my child, _____ Children's Tylenol OR Motrin for fever in the case that I cannot be reached immediately.

Signature of Parent/Guardian _____ Date _____