



EMERGENCY INFORMATION AND PERMISSION FORM

Student's full name _____

I hereby grant permission for my child to use all play equipment and participate in all activities of the school including basic religious instruction and prayer.

I hereby grant permission for my child to leave school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

I hereby grant permission for my child to be included in evaluations and pictures connected with the preschool program.

I agree to pay the tuition according to the tuition schedule.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Administration of first aid by a qualified person.
2. Attempt to contact a parent or guardian.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you we will:
 - a. Call an ambulance
 - b. Have the child taken to an emergency hospital in the company of a staff member
5. Any expenses incurred under 1–4 above will be borne by the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Emergency Contacts other than Parent / Guardian

DCFS requires that **two** emergency contacts are listed.

Name _____ Phone _____

Address _____

Relationship to child _____

Name _____ Phone _____

Address _____

Relationship to child _____

My signature below gives my consent to the above statements and allows enrollment of my child in Wheaton Bible Church Preschool.

Parent or Guardian Signature _____ **Date** _____

Thank you for enrolling your child at Wheaton Bible Church Preschool. We look forward to serving you.